John T. Rhines Co., 3015 12th St., N.E., D.C.

FOR

REGISTRAR

- STATE

(VR A 15 (4)) 9/74

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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1	no y		E OR PRINT)	nry	MID	ADLUN	LAST	20. DATE KN OF E DEATH M.	STI-	8 1980 M
	N 2 HOLE	3. SEX	16/2 White	MONTH	OF BIRTH DAY	YEAR LAST BIRTHDAY) MON		NDER 24 HRS. 2c. DATE PRONOUNCE DEAD		DAY YEAR 24 HOUR
	SSARY, RALDIR R YOUR HIN 72 ESTON	7a. Bi	RTHPLACE (STATE OR	7b CITI	EN OF WHAT	COLINITOVO	RIED NEVER A	9, BALTIMOR	E CITY OR COUNTY	OF DEATH
	NECESSARY, REPUNERAL DIRECTOR OF WITHIN 72 W. PRESTON ST	W	ashington D.	C. U	.S.A.		= /	VORCED PIMU	(senge	MD.
	274	and and	ry or town of DEATH	Brine	AE OF HOSPITA OT IN SUCH FACILITY	LL, NURSING HOME, OR OT GOVE STREET ADDRESS)	HAPPECES	120. USUAL OCCUPAT FOR MOST OF WORKING Machinis	G LIFE)	b. KIND OF BUSINESS OR INDUSTRY Navy Yard
21201	IF ANY DELV. AND 3 TO SHOULD BE RECORDS.	113a S	AL RESIDENCE (IF IN NURSING TATE 13b. (Pr	HOME OR OTHER IN COUNTY, INCE GE	STITUTION, GIVE RES	SIDENCE BEFORE ADMISSION) C. CITY OR TOWN Seabrook	13d. INSIDE CITY LIN	13e. STREET ADDRESS 6300 94th		
	H. IF 13. 2 SF 1 AL F	14. F/	ATHER'S NAME	WIDDLE		LAST	15. MOTHER'S	MAIDEN NAME	F	LAST
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BALTIMORE,	PAGE FORM S 1 AN	16a. V	VAS DECEASED EVER IN U	S. ARMED FOR	TES)	b. SOCIAL SECURITY NO.	17. INFORMANT	U	109 Naval	Ave.
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ST., B/	- I		18 CAUSE OF DEATH (Er PART I DEATH WAS C	ter only one co	use per line for I	(a), (b), and (c).)	7 1.	1)2/00.	1111	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ORD	MEDIC MEDIC AS A ALTH A	Z					THE OR CONSTITUTION ONE	THE PART 1 W.		
DIVISION OF VITAL RECORDS,	38"058	CERTIFICATION	19a DATE OF OPERATION	۷ 1	96. CONDITION	FOR WHICH OPERATION	WAS PERFORMED	?		20. AUTOPSY?
ITAL		FE								YES NO
OF V	CATE SHC HE WORD THE CH ULD BE U IMENT OI	CER	210 EXTERNAL CAUSE W		HOUR A.M. M	ONTH DAY YEAR	HOW INJURY OCC	URRED LENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART	2)
NO	EF002F	MEDICAL	UNDERLYING OR CONTRIBUTING CAUS	E OF DEATH	P.M.	19	W-17-11			10 10 1 A 16 2 340
VISI	CERTIING TING 3 SH DEPAI	AED	21d INJURY OCCURRED WHILE NOT WHI		1e. PLACE OF IN		OCATION STREET	CITY OR TOWN	COUN	TY STATE
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	ATE, TORV		22a. I certify that I taal	charge of the	emains describe	ed abave, held an Auta	ipsy , Ins	pection . Inquiry	, and in my apin	ian
	AND THE PRICE		death resulted fram:	Natural causes	Acc	cident , Suicide	Hamicide	Undetermined mann	er .	
	EXAL CERT UID DIRE WIT		ACTUAL A	m 7	W.	21.4/	TITUE SPECI	FY	DATE	Cherry
E	-m0-1,5	-	SIGNATURE	piece	1.10	neguy	M.D. Pepa	MEDICAL EXAMIN	ER SIGNED	3/10/10
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3606	DHMH - 17 (VR A15 ME (5))	2 1	Fancis Gasch		VDBKE22	I Home, P.A.		JUN 3 1980	LASTING /	Wassely
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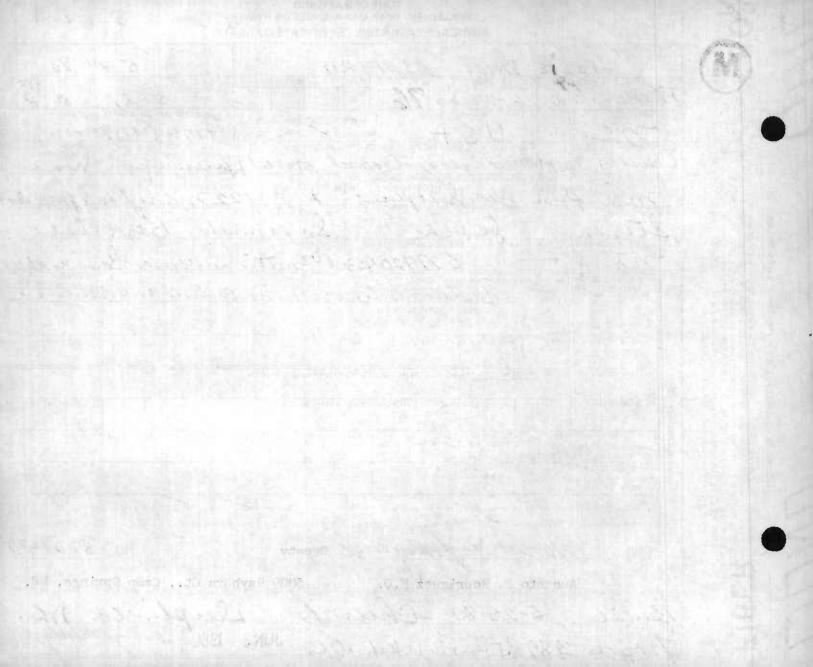
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	Ľ	REGISTRAR			CERTIF	ICATE OF DEATH		REG N			
		CEASED NAME FIRST		MIDDLE	ı	AST	20. D	ATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
		Mary	E. Ande	erson	10.38		I	fav 27. 1	980		10:304
1	3 SE	X	4 RACE	- 14	S DATE C			E (IN YEARS LAST BIRT		ONTHS DAYS	IF UNDER 24 HRS
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200	7a. B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	1 BA	LTIMORE CITY O	R COUNTY	OF DEATH	
85		VA.	USA		WIDOWE	BOX DIVORCED	P	ince Geo	rges		M
10	10. C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	ADDRESSI	ROTHER INSTITUTION	N 12a l	OF WORK FOR MOST C	ON		F BUSINESS OF
10	Lci	inton Md.	· ·	ern Marvl		ospital		OUSEWIF			
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		WAS DECEASED EVER IN U.S.		166 SOCIAL SECT	JRITY NO	17 INFORMANT	(Son)	ADDRI	56 5 N	fanche	aten I
3	(YES, NO OR UNKNOWN) I IF YES, G	IVE WAR OR DATES)	5795099	0.2	RANDELL I		DERSON	Sil	. Spr	Md.
ent		II CAUSE OF DEATH (Enter	· .				4 4443	DIAMOON			MAYE INTERVAL
ry, or other		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO. (c)	OR AS A CONSEQU		scu (ar		Kuose			
any injur	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS	OT DAITUBISTAD		NOT RELATED TO THE	ETERMINAL	DISEASE OR CON	DITION GIVE	N IN PART 1	0)
swows 9	CERTIFICATION	140 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED		autopsy?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	OF DEATH?
9		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c HOW INJURY OF	CCURRED (ENTER NATURE OF INJU	RY IN ITEM 18, PA	RT 1 OR PARE 2)	
-	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, S	OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC.)	211. LOCATION STREET	Cr ^	CITY OR TO	WN -	COUNTY	STATE
15		220 I certify that (I) (this has			5-	19	0	° 2 -	01	000	that (1) (we) la
m 21		sow the deceased alive of obove, (1) (we) (did) (did)	201	19_	80,00	id that in (my) (our) op	pinion death	occurred on the d	ate and hour	and from the	couses stated
<u>=</u>		226 SIGNATURE	lo view ine bod	/ Do	10000	DEGREE	4			22c. DATE	
		Han	D N	Latte	A	ATTENDI PHYSICI	ING ME	DICAL STA	FF CIAN (5	- 28.8
	1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		1.3	22e ADDRESS					
NA PORT	23o.	BURIAL, CREMATION, REMOVA (SPECIFY)	AL 23b. DATE	23¢	NAME OF C	EMETERY OR CREMAT	TORY 23	& LOCATION CITY OR TOWN		COUNTY	STATE
11		BURIAL	5/31	/80 Ma	arvla			Laurel	. Md.		
5M		UNERAL DIRECTOR		ADDRESS 1	522 1			D. BY IS JAR	156 DEGISTA	ARS JEHAL	U86acily
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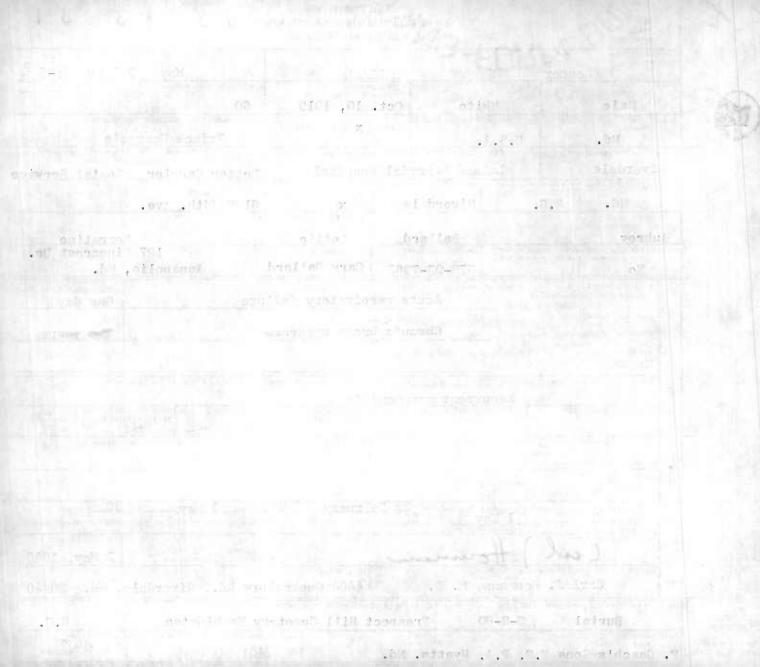
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3	11.	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	4/0
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AL NOW +		AL RESIDENCE IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
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9 1-504	14.7	ATHER'S NAME MIDDLE MIDDLE MIDDLE MIDDLE	Lygr
2 2023/00	12	sleplen Jeach Sayannah Bark	sdall
- BO 0880	The.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT 2 ADDRESS	
M FF AND	1 9	HS, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579 420 USZ Orn, This Suuma	
AN SECTION OF SECTION	-		me as of of
20210		18. CAUSE OF DEATH (Enter only one couse pertine for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
E SESSE	-	IMMEDIATE CAUSE (of Hahelic arterio selente Carles Vosecules)	allera
9 95352	1	1212 (DUETO, OR AS A CONSEQUENCE OF	U. HELLEN
25 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E		Conditions, if ony, which	
MAN	1	gave rise to immediate (b)	
≥ 000000H		couse (o) stoting the <u>under-lying couse lost.</u> DUE TO, OR AS A CONSEQUENCE OF	
08 EV 45 V		(c)	
SA PERSON	10	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
ATT ATT ATT	1 %		
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	FICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
3 87 8 8 5 6	1 2	The Ball of G. Ekarlot	
THE SECOND	山青		YES NO
CATE WE WENT THE WENT	CHEL	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART I OR PART	[2]
S HEOLOGO	51 3	UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	
SA TO THE SE	MEDIC	214. INJURY OCCURRED 716. PLACE OF INJURY (ATHOME. 711. LOCATION	
2 0 0 H 0 H 0 H	W BW		NTY STATE
A SAME TO STATE OF THE SAME TO		WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY AT WORK	
25.5		22a. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . ond in my opi	nion
商名の発売 る			
医主员 服员		deoth resulted from: Noturol couses . Accident , Suicide . Homicide . Undetermined monner .	
20世の最後	1	TITLE (SPECIFY)	177107)
M. W. M. I.		ACTUAL SIGNATURE OFFICE SIGNED DEPUTY MEDICAL EXAMINER SIGNED	3-11-00
SFEATO	7		
MEDICAL E CCUTE THE O SE 4 SHOU FUNERAL I TIMORE, M	4	[TYPE OR PRINT] Augusto P. Rodriguez M.D. ADDRESS 5009 Rayburn Ct., Camp Sp	rings. Md.
EXEC EXEC PAGE AFTER BALT			
F III & F & 60	Z30.	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY THIN COUNTY	STATE
	1	suril 2-23-80 Chillet Lugler Co	o. ne.
0000 DHMH- 17	24.1	FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SI	CHATURE
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ನ ⊱.		CEASED NAME HARL	AN DURA	MT AUST	IN	LAST	2e. DATE K	REG. NO.	DAY YEAR 26. HOUR
72 HOUR	J. SE		5. DATE OF BIRTH	YEAR LAST BIRTHD	ARS IF UN	DER 1 YR. IF UNDER 2		MONTH	DAY YEAR 12 19 UR
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THE SOLUTION	C	ITY OR TOWN OF DEATH Cheverly AL RESIDENCE (IF IN NURSING HOME OF	Prince	PITAL, NURSING HOMI CILIT GIVE STREET ADDRESS)	Gen		Salesma		126. KIND OF BUSINESS OR INDUSTRY
. If any Dela 2, and 3 TO 3. RETAIN P. SHOULD BE I.	130, S Ma	ryland Pr.	Georges	Oxon Hill		110 110 110	133 STREET ADDRESS	åfford I	r.20022
DRE, MD. 2 R DEATH. II RAGES 1, 2, RM PM 2 3; OF VITAL		ATHER'S NAME Geater		Austin		15. MOTHER'S MAIDEN	ANAME MIC		ink LAST
, BALTIMORE, MD. 21201 URS AFTER DEATH. IF ANY 8. GIVE PAGES 1, 2, AND WITH FORM PM 3. RETY I. PAGES 1 AND 2 SHOULD DIVISION OF VITAL RECO	16a. \ (Y	VAS DECEASED EVER IN U.S. ARI 'ES, NO, OR UNKNOWN) (IF YES, GIVE YES KOTE	WAR OR DATES)	246-28-2		Mrs. Gra	ace A. A	ustin, sa	ame as #13
L RECORDS, 301 W. PRESTON ST., ULD BE EXECUTED WITHIN 74 HOU "PENDING" IN PENCIL IN ITEM 18 EM MEDICAL EXAMINER ALONG SED AS A BURIAL TRANSIT PERMIT HEATH AND MENTAL HYGIENE, I CREMATION, OR REMOVAL.	7	PART I DEATH WAS CAUSE IMMEDIA: Conditions, if ony, which gove rise to immediate couse (a) stating the underlying cause lost. PART 2 DTHER SIGNIFICANT CONDITIONS	TE CAUSE (o) DUE TO; OR (b) DUE TO, OR (c)	ALE SILLE AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TERM	of he pc.	ndealy	T 1 (a).		
A DOIDO	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	216. TIME OF HOUR A.M	MONTH DAY YEAR	21c. HC	W INJURY OCCURRED) LENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR P.	20. AUTOPSY? YES NOXIX
TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BURIA	MED	WHILE AT WORK AT WORK 22a. I certify that I took charge	e of the remains des	ory, FARM, ETC.	Autopi	TITLE (SPECIFY) D. ADDRESS 5009 R	Undetermined mor	ond in my anner	5-17-80
DHMH - 17 (VR A15 ME (5)) 15M 7/77	24. F	URIAL, CREMATION, REMOVAL 2 SPECIFY) Burial UNERAL DIRECTOR TIME Funeral Ho	May20,19	80	Cemei	250 DAJE RE	23d LOCATION CITY OF TOWN Taylor EC'D. BY REGISTRAR 2 5 1980	sville.	thCaroli

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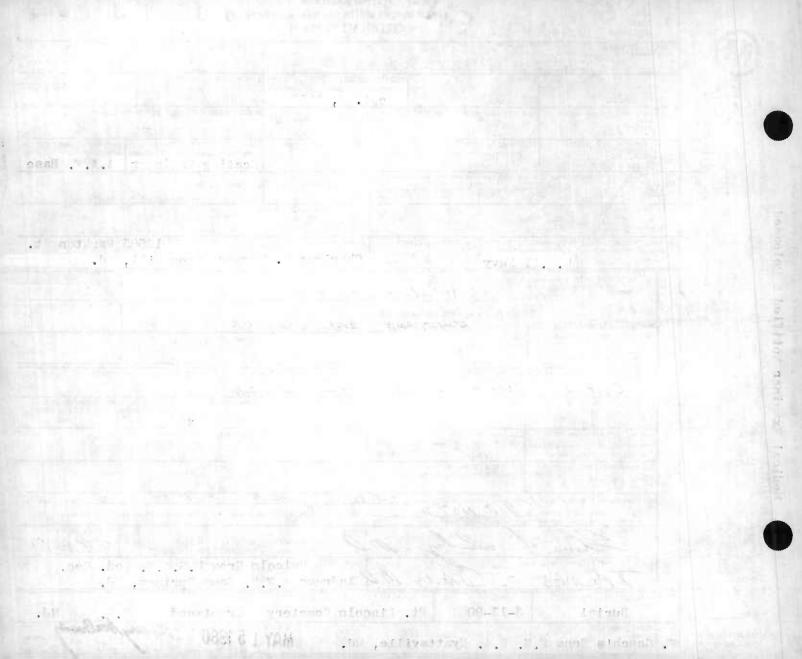
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			REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
(M)	SE SS. FRS ET,		CEASED NAME EIRST EORPRINT) Daniel	Wobster BARRY 20. DATE KNOWN OF ESTI- DEATH MATED 15	DAY YEAR 26. HOUR
	DIRECTOR DIRECTOR DUR FILES 72 HOUR DN STREET	3. SEX	lace Black S. DATE	TE OF BIRTH THE DAY YEAR LAST BIRTHOAY) ON THE DAY YEAR LAST BIRTHOAY) ON THE MONTHS DAYS HOURS MIN. PRONOUNCED 5 - 2 5	DAY YEAR 24 HOUR
	S NECESSARY, PLEASE E FUNERAL DIRECTOR. E. S FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET,	7a BI	RTHPLACE (STATE OR 76. CITIZ PEIGN COUNTRY)	IZEN OF WHAT COUNTRY?	
	DELAY IS N 3 TO THE FI N PAGE 5 N EF (IED, 105, 301 W	1		AME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 129. USUAL OCCUPATION (TYPE OF WORK INCIDENCE OF WORK INCIDENCE OF WORK INCIDENCE OF WORKING LIFE)	26. KIND OF BUSINESS OR INDUSTRY
21201	SECORE	USUA 130 A	LERESIDENCE (IF IN NURSING HOME OR OTHER INSTALL THE		WUL
E, MD. 2	OURS AFTER DEATH. IF 18. GIVE PAGES 1, 2, 4 5. WITH FORM PM 3. IT. PAGES 1 AND 2 SH DIVISION OF VITAL	14. FA	THER'S NAME PERST ADDRESS ADDR	B'SARRY AUGUSTA	Tim AS
BALTIMOR	GIVE PAG GIVE PAG VITH FORW PAGES 1 A	16s. V	VAS DECEASED EVER IN U.S. ARMED FORES, NO. OF UNKNOWN) (IF YES, GIVE WAR OR DATE OF THE WAY OF THE		en +13
301 W. PRESTON ST., BA	TED WITHIN 24 H V PENCIL IN ITEM XAMINER ALONG AL-TRANSIT PERM MENTAL HYGIENE OR REMOVAL.		Canditions, if any, which gave rise to immediate cause (a) stating the <u>under</u>	SE (ATTINOS CLESOTIO CONDITO VAS CULON SISLAZ DUE TO, OR AS A CONSEQUENCE OF (6) (6)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AL RECORDS,	BE EN ADING AEDIG	NOI		TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
VITAL RE		CERTIFICATION	190. DATE OF OPERATION 19	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
90	IFICATE SH THE WORL TO THE CI HOULD BE I ARTMENT C S TO BURIAI		210 EXTERNAL CAUSE WAS 210 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	2)
DIVISION	8: THIS CERTIFICATE SHE TE, WRITING THE WORD RWARDED TO THE CH PCES 3 SHOULD BE US STATE DEPARTMENT OF 21201 PRIOR TO BURIAL,	MEDICAL		218, PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 218, LOCATION STREET CITY OR TOWN COUNTY OF TOWN	ATY STATE
•	KAMINEI ERTECA ID BE FO IRECTOR WITH THE RYLAND,		22a. I certify that I took charge of the re death resulted fram: Natural causes ACTUAL SIGNATURE	es . Accident . Suicide . Hamicide . Undetermined manner .	5-25-80
	TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUI TO FUNERAL D. AFTER DEATH, A. BALTIMORE, MA.	-	EXAMINER'S NAME AUgusto P.		rings, Md.
000	BP	B	JRIAL, CREMATION, REMOVAL 231. DATE PECERY 5-29	9-80 LINCOLN Cometry SUITAND MA	MY/AND
	DHMH - 17 (VR A15 ME (5)) 15M 7/77	VA	INERAL DIRECTOR MANE 4804	ADDRESS A AVE. N.W. 250. DATE REC'D. BY REGISTRAR'S SX	Markey James

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STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN ST DECEASED NAME (TYPE OR PRINT) 28 10 80 Ferdinand Henry DEATH MATED Becker 4 RACE 6 AGE (IN YEARS | IF UNDER 1 YR DATE OF BIRTH IF UNDER 24 HRS 11:25 DATE PRONOUNCED 28 19 80 29,1995 Male DEAD White THE CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S. A. Prince George's County, MD WIDOWED DIVORCED FILED, IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Gen. Contracting (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ectrician's Cheverly Prince George's General Hospital lolper USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) SHOULD 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Md. Pr.Geo's 4106 Bishop Mill Drive Upper YES X NO [AND 2 SH Marlboro 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME ALIDOLE MIDDLE Henry Becker Joan Ruff 7. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 4106 Bishop Mill Dr. YES, NO. OR UNKNOWN Henry Becker-Upper Marlboro, Md. Yes 20870 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Blunt injury to trunk DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate DUE TO. OR AS A CONSEQUENCE OF cause (o) stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? BURIAL, YES 🔀 NO [8E 71a FXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR ASSEMBLE MONTH DAY YEAR 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OLD UNDERLYING OR 0 10:30 M 2810 80 Passenger of auto/auto impact CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211 LOCATION Greenbelt Rd & Stown AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) Rhode Island Ave.. Prince George's. Mc street Autopsy 22a. I certify that I took charge of the remains described above, held on Inspection and in my opinion Accident X death resulted from: Natural couses Suicide Homicide ___ Undetermined manner TITLE (SPECIFY) ACTUAL 5/29/80 Assistant R DEATH, SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn Street TYPE OR PRINT 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Washington National Suitland 5/31/80 (Pr.Geo's) Burial Upper Marlbore, Coleman-Maryland 20870: 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 30M 7/73

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24 FUNERAL DIRECTOR

Funeral Home

Rd., Suitland, Md.

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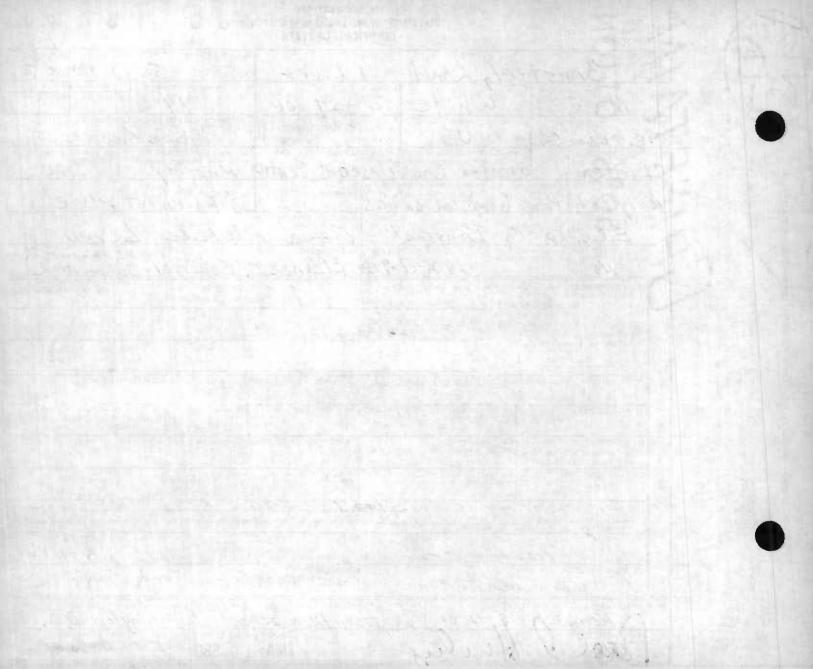
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NIS the offer share of the state of the stat	orked	2	WHILE AT WORK AT WORK				
ENDIN fol or or use or Health	Ē		22a.1 certify that (I) (this hasp	ital) attended the deceased from	5/12/ 19 80	, to 3/12	2, 19, that (I) (we) last
TEN TEN TEN	2		sow the deceased alive on	5717 19	ond that in (my) (our) opinion d	eath occurred on the do	ite and hour and from the causes stated
OR ATTE e haspite birRECTO sched for Dept. of t	E		22b. S1C NA LUE	ot) view the bady after death.	DEGREE		22c. DATE SIGNED
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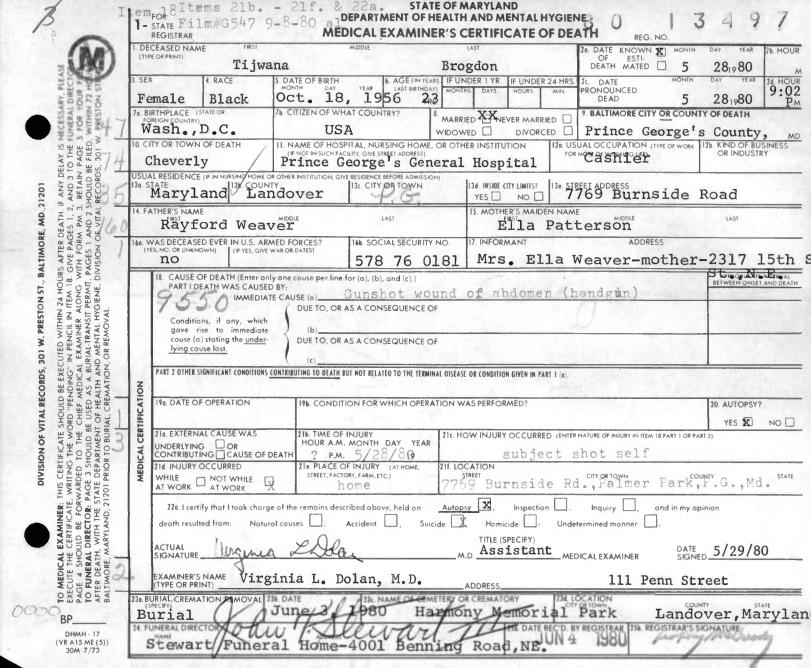
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offer of the formal of the for		randywine	11. NAME OF HOSPITAL, NURSING HO	POR HER MAINTING	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Manager	12b. KIND OF BUSINESS OR INDUSTRY F. G. Sch
24 hour filled in must be	USU 13a.	ALRESIDENCE (IF NURSING HOME OR STATE ME COUN P. I	other institution, give residence Before admi TY USc. CITY OR TOWN G. Brandvwin		130. STREET ADDRESS 16206 Brandyw	
MARYLA mpletely and 2 sh examiner	_	ATHER'S NAME	A. Brumfield	15. MOTHER'S MAIDEN NA Mamie	AME	Heath
m and co	N 160	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b SOCIAL SECURITY WAR OR DATES) 225-05-59		ADDRESS E. Bragg same a	s 13
ST., BALT entificate by physicia soon papers removal. cevent, the		PART I. DEATH WAS CAUSED	y one cause per line for (a), (b), and (c),) 8Y: E CAUSE (a)	nes Persotony	ARASS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours offereding physician and completely filled in both for this certificate has been signed by the attending physician and completely filled in both the burial-transit permit. Then please remove carbon papers, Poges 1 and 2 should be filled in but and Mental Hygiene prior to burial, cremation, or removal. STUB ROUTIQUEZ NOTETIONED TO TETITED AND TETIES AND STUBER.		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE	OF	Distant	20-302
RDS, 301 equires the signed by Then pleas to buriol, injury, and	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH			
ALRECO	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPER	RATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
SICIAN: The physician physician certificate herial-tronsit pental Hygier ental Hygier RD 43 has a RD 4		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY Y P.M.	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PAI	RT 1 OR PART 2)
OVISION AG PHYS or the bus he bus he and Merked or 1 the S	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
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TAL OR PAY THE		Charles	f Gloons	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	5/7/PO
TO HOSPITAL Cretained by the TO FUNERAL Eshould be detail with the State DIMPORTANT. If		22d. PHYSICIAN'S NAME (TYPE OR Charles F		3710 Rivie	ra Street, Mar	low Heights,
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DHMH - 16 60M 7/73 (VR A 15 (4))		uneral director name ntt Funeral H	ome Waldorf, Ma	ryland	ARC'D BY REGISTRAR 256 REGISTR	AR'S SIGNATURE

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ficate be executed by sician and compers. Pages 1 and compared.		VAS DÉCEASED EVER IN U.S. AI res, no or unknown) (IF yes, gn	VE WAR OR DATES)	SOCIAL SECURITY NO	LHWRENCE BI	rocks 708	-59th AV	ROXIMATE INTERVAL
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DHMH-16 25M (VRA 15, 4) 1/79	17	S. Washing to		925 Imme Bou	neughs JUN	e rec'd. by registrar a 1980	25b. REGISTRAR'S SIGN	LATURE

HOSPITAL DR. CHEVERLY NO.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEA REGISTRAR REG NO DECEASED NAME a DATE KNOWN Robert LTYPE OR PRINTS DEATH MATED 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE PRONOUNCED DEAD 78 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY North Carolina 126 KIND OF BUSINESS 12g, USUAL OCCUPATION (TYPE OF WORK Mechanic automotive 13e STREET ADDRESS Suitland 138 INSIDE CITY LIMITS? Maryland Pr George 3417 Parkway Terrace Dr. YES X NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Robert McMillen Jenny Bruce, Sr. 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 5617 Auth Road Doris Conner No Camp Springs, Md. 18 CAUSE OF DEATH (Enter only one couse per lime for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Torrosekerolic Cardio Nascu IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 198. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 3 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY JATHOME, IL LOCATION STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on and in my opinion Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez M.D. ADDRESS 5009 Rayburn Ct., Camp Springs, Md. Burial 24May1980 Washington National Suitland Maryland PG 25b. REGISTRAR'S SIGNATURE 24 FUNER ROBert E. Wilhelm **DHMH-17** (VR A15 ME (5)) Suitland, Md Funeral Home Inc 15M 7/76

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27a. I certify that I taak charge of the remains described above, held on Autopsy Inspection Inquiry, and in my apinion death resulted from: Notural causes, Accident, Suicide Homicide Undetermined monner ACTUAL SIGNATURE	. ,	ME	WHILE NOT WE	HILE STREET, FAC	TORY, FARM, ETC.)	STREET	CITY OR TOWN	
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8	Po de	000		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
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0	C	<u>></u>	ATION .	19a, DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	DINGSUSED
P. P. O.	permit.	ws o	CERTIFICATION	The Date of Orekanion	The condition of the	TET OF ERAFIC	WAS TENTORNED		IN CERTIFYING CAU	SES OF DEATH?
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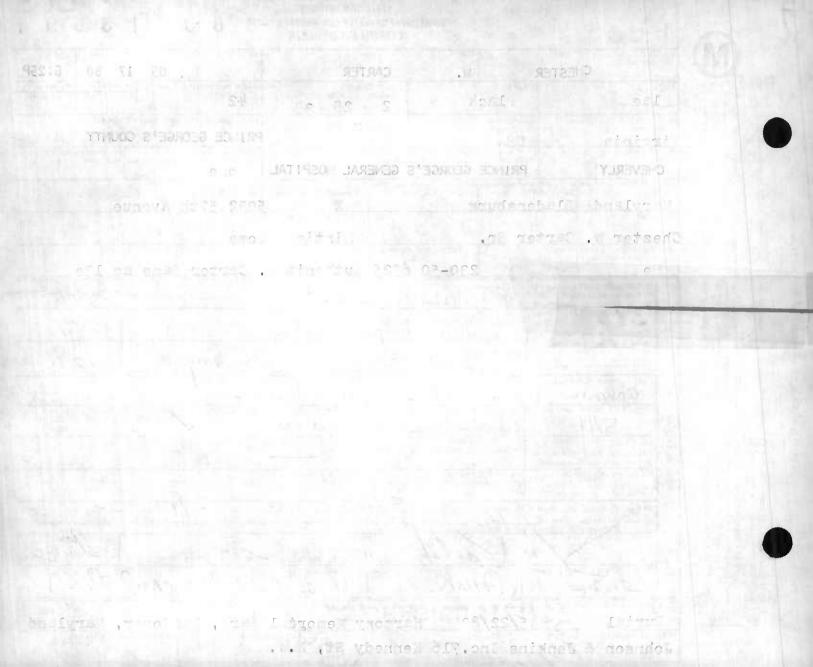
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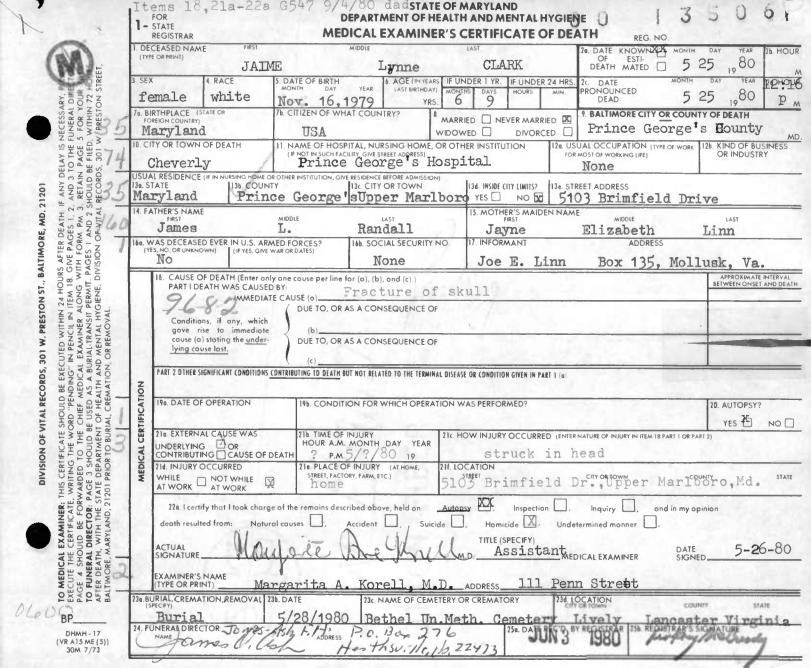
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63	1'	- STATE REGISTRAR		CERTIFICATE OF DEATH	. REG. NO.	1 0 0 0 7
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r, pa	3 SE		4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	& AGE 11N YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HRS
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ald be fill	USU 13a	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDENCE B		1134 STREET ADDRESS	
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vent		IS CAUSE OF DEATH (Enter of	anly ane cause per line far (a), (b)	, and icia		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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to burial ny injury,	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	ON GIVEN IN PART 1(0)
prior to	CERTIFICATION	190 DATE OF OPERATION	1.0.	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 201	. IF YES, WERE FINDINGS USED
shows	ΙĔ	5/14	Chronic tra	rolant Rejection	YES NOT	CERTIFYING CAUSES OF DEATH? YES NO NO
or Item 18	1 8	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN I	
te 7		OR CONTRIBUTING CAUSE OF DI		DAY YEAR		
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
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E S			pital) attended the deceased fro	5/10 19.80	1 to 5/1	19 80 that (1) (we) las
п 21		row the deceased alive a			death occurred an the date a	nd haur and fram the causes stated
ter		22h. SIGNATUR	atyview the bady after death.	DEGREE		22c. DATE SIGNED
ANT			in all 1	MID ATTENDING	MEDICAL STAFF	5/19/80
E]		STEVEN	ORPRINT) QUAK	220 ADDRESS	WHY PLACE C	AMP SPINSS.
N Po	230	BURIAL, CREMATION, REMOVA	L 23b. DATE	13c NAME OF CEMETERY OR CREMATORY	23d LOCATION	
0		SPECIFY) Burial	5/22/80		CITY OR TOWN	COUNTY STATE
		UNERAL DIRECTOR	12/22/00	Harmony Memorial	TEREC'D BY REGISTRARIZS	over, Maryland
6 25M 4) 1/79	J	ohnson & Hen	kins Inc. 716	Kennedy ST, N.W.	TEREC'D BY REGISTRAR 256	- 1- 9 monthly



8		FOR STATE			DEPARTMENT OF	HEALTH		0 0	1 3	3 5 0	5
ASE OR ES. RS	1. DEC	REGISTRAR CEASED NAME OR PRINT)	FIRST	I An	MIDDLE ACELU		ARK	20. DATE KNOW OF ESTI- DEATH MATER	3. NO. N	DAY YEAR 19 80	26 HOUR
DIRECTOR DIRECTOR ES.	J. S.F.Y		hite	S DATE OF BIRTH	- OF GAGE (IN YI	ranc I IP LIA	DER 1 YR. IF UNDER		5-1	DAY YEAR 9 1980	PA M
FUNERAL S V	FO	RTHPLACE (STATE OR REIGN COUNTRY) TRINIA TY OR TOWN OF DE		USA	TAT COUNTY!	WIDOW		CED [PYMICE	tren	TY OF DEATH	MD
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	13a S1	aryland	113b. COUNT		RESIDENCE BEFORE ADMISS 13. CITY OR TOWN Clinton	(KON)	13d INSIDE CITY LIMITS? YES NO	-	ale Dri	ve	
1/08	14. FA	THER'S NAME FEST Hiram		WIODLE	Clark		15 MOTHER'S MAID	WIDDLE		Hale	
DIVISION OF VI	160 W (YE	'AS DECEASED EVER S, NO, OR UNKNOWN) NO	IN U.S. ARA (IF YES, GIVE V		578 12 62		Janice G	oddard	RES 9303 Clint	Small D	rive yland
"PENDING" IN PENCIL IN ITEM IS FE MEDICAL EXAMINER ALONG IED AS A BURIAL'IRANST PERMIT HEALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL.	NO	Conditions, if gove rise to couse (o) stoting lying cause last	immediate g the <u>under</u> -	(b)	AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TER	OF	E DR CONDITION GIVEN IN PA	ART 1 (a).			
SE SE CO	MEDICAL CERTIFICATION	19a. DATE OF OPER.	ATION	19b. CONDI	TION FOR WHICH OPE	RATION W	AS PERFORMED?	****		28 AUTOPS	
AL DIRECTOR: PAGE 3 SHOULD BI H, WITH THE STATE DEPARTMENT MARYLAND, 21201 PRIOR TO BURI		AT WORK AT V	OR CAUSE OF D RED WHILE VORK	21e. PLACE (STREET, JAC) e of the remains des	OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LO	CHION STREET	CITY OR JOWN IN IT CHY OR JOWN	and in my o	PUNTY FOR PRINTY	Pr. Ges
PAGE 4 SH TO FUNER, AFTER DEAT BALTIMORE	23a. Bl	EXAMINER'S NAME (TYPE OR PRINT)	nugus		driguez, M. I			Rayburn Ct.,			
	(5	Burial		May 22,19	80 Cedar H		emetery	Suitland	PG	Mary	land
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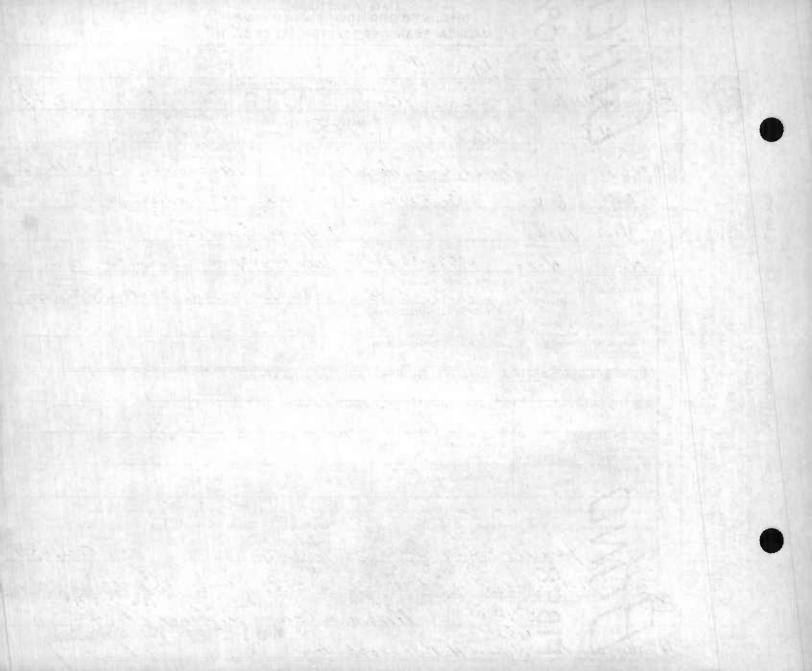
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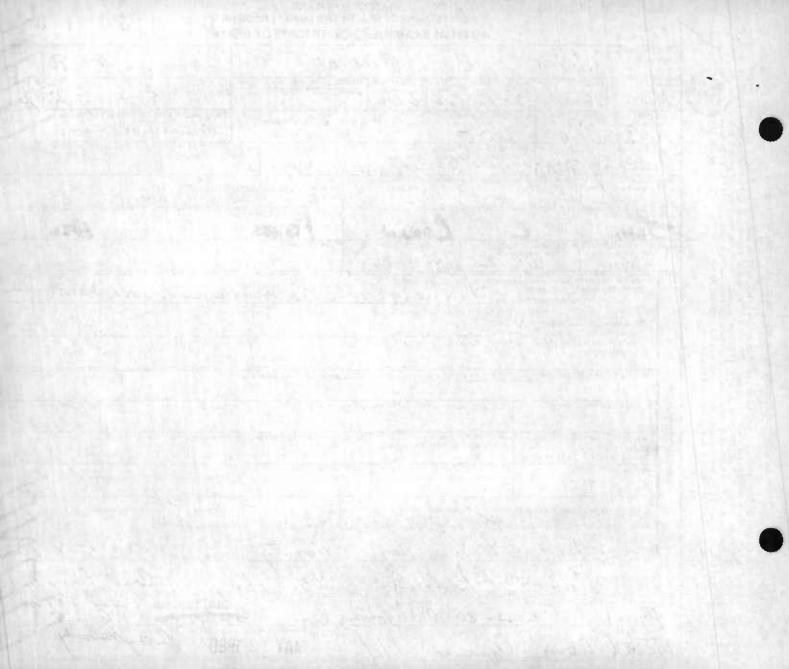
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	1		STATE OF MARYLAND					
	11-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 3 5 0 9					
		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.					
Was as to a		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 26. HOUR OF ESTI- DEATH MATED 5-3 1980					
(M)	J SE		S DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED THE MONTH DAY YEAR 14 HOURS MIN PRONOUNCED THE MONTH DAY YEAR 24 HOURS MIN PRONOUNCED THE MONTH DAY YEAR 24 HOURS MIN PRONOUNCED THE MONTH DAY YEAR 14 HOURS MIN					
AND THE TOTAL TOTA	FC	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? II. MARRIED NEVER MARRIED PRINCE (TLORGY) MD					
A Parent	10. C	heverly	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)					
IF ANY DE STADE 3 RETAIN SHOULD IN RECORD		AL RESIDENCE IF IN NURSING HOME OF						
MD. 2 ATH. II PM. 3, VD 2 S IV. 2,	14. F	ATHER'S NAME FIRST WILLIAM Rick	MIDDLE LAST 15. MOTHER'S MAIDEN NAME MIDDLE LAST LIFTE M. Significant LAST					
LTIMOI AFTER INF PAGE GES 1 ISION (160_\	MAS DECEASED EVER IN U.S. ARM (IF YES, GIVE V	MED FORCES? WAR OR DATES) 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Some \$3 136					
DS, 301 W. PRESTON ST., EXECUTED WITHIN 24 HOL IG". IN PENCIL IN ITEM 18 CAL EXAMINER ALONG V. BURIAL-IRANSIT PERMIT AND MENTAL HYGIENE, I. ION, OR REMOVAL.	Z	18. CAUSE OF DEATH (Enter only one cause of line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE INTERVAL Conditions, if any, which gave rise to immediate cause (a) stating the under- lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).						
VITAL RECORI SHOULD BE E CORD "PENDIN E CHIEF MEDI BE USED AS A IT OF HEALTH RIAL, CREMATI	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES \(\subseteq \text{NO} \subseteq \)					
> > = - & =		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)					
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TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE. WR PAGE 4 SHOULD BE FORWART TO FUNERAL DIRECTOR: PAGIS AFIER DEATH, WITH THE STATE BAITMORE, MARYLAND, 21201	2301	death resulted from: Nature ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINTI	ADDRESS 509 Ray Durn Charles 136. DATE 236. NAME OF CENTURY OR CREMATORY 23d. LOCATION					
BP DHMH - 17 (VR A15 ME (5))	24.1	UNERAL DIRECTOR	492 Sadress 1 Branch Rec Bire 100					



10	LII	tem #23d Film G543 5/20/80°rc state of maryland DEPARTMENT OF HEALTH AND MENTAL HYGIENE (3)
5 18	11-	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
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	1 38	Male Black 5 DATE OF BIRTH MONTH DAY YEAR 1 ST DAYS HOURS MIN. PRONOUNCED 5-8 1880 1980 1980 1980 1980 1980 1980 198
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992274	100	TOR TOWN OF DEATH JE NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (179E OF WORK OR INDUSTRY OR MOST OF WORKING LIFE) OR INDUSTRY
ANY OF AN	13a. 5	LASSIDENCE (A NURSING HOMOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE TO THE COUNTY
EATH S 2 S NO 2	TE Y	THEE TAME NOBLE IS. MOTHER'S MAIDEN NAME MIDDLE
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	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY
ALEXAMINED THIS PRECEDENCE WITH CERTIFICATE WITH PAGING BE FORWAR ALL DIRECTOR. PAGING WITH THE STATE STATE AND STATE OF THE STATE S		22a Certify that Took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined monner , ACTUAL SIGNATURE ALGUMENT DATE SIGNED SIGNE
TO MEDICAL PERCUTE THE PAGE & SHOT TO PUNCHE A SHOT TO PUNCHE A SHOT TO PUNCHE A SHOT TO PUNCHE A SHOT TO SHOT	23o. E	EXAMINER'S NAME TO BE TO BE TO SEE JERY OF CREMATORY 1234 LOCAL 1236. DATE BY SEE JERY OF CREMATORY 1234 LOCAL 1236. DATE
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HECESSARY, PLEASE UNRRAL DIRECTOR. FOR YOUR FILES WITHIN TO YOUR SIREET,	3. SE		S DATE OF BIRTH	6. AGE (IN YEARS)			MONTH DAY YEAR 24-HOUR
FOR YOUR PRESTO		BIRTHPLACE (STATE OR OREIGN COUNTRY) Mass	76 CITIZEN OF WE	HAT COUNTRY?	ARRIED NEVER MARRI	ED . 9. BALTIMORE CITY	OR COUNTY OF DEATH
(1)	10.0	Cheverly	11. NAME OF HOS (IF NOT IN SUCH FA	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		HER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	
21201 F ANY DE SHOWE SHOWE SHOWE I PEC DE	USU 13a :	AL RESIDENCE (IF IN NURSING HOME STATE 13b. COUL	OR OTHER INSTITUTION, GI			13e. STREET ADDRESS	ghton Rd.
MD. ATH.) 14. F	ATHER'S NAME FIRST Frank	MIDDLE Cr	osman	15. MOTHER'S MAIDE FIRST Alice	MIDDLE	(Unknown)
ES ON	166.	WAS DECEASED EVER IN U.S. AI YES, NO, OR UNKNOWN) (IF YES, GIV Yes	E WAR OR DATES)	166. SOCIAL SECURITY NO 579-60-062	87 Ruth A.		17-Briar Creek nandale, Dr.
ST., HOLHOLA 18		18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE IMMEDIA	nly ane cause per line ED BY: ATE CAUSE (av	Por (a), (b), and (c).)	The cand	led Vareulos a	Va. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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EXAMINER: CERTIFICATE, JID BE FOR DIRECTOR: F WITH THE S		220. I certify that I taak char death resulted fram: Nati	ge of the remains des	cribed abave, held an Al	tapsy , Inspection, Hamicide ,	Undetermined manner	and in my apinian
TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE A SHOULDE TO FUNERAL DIRECT AFTER DEATH, WITH		ACTUAL SIGNATURE	arto P.	Colique /	M.D. Deputy	MEDICAL EXAMINER	DATE SIGNED 5-9-80
O MEDIO XECUTE AGE 4 O FUNE SALTIMOL	230 1	EXAMINER'S NAME AUGU		iriguez M.D.		yburn Ct., Camp	Springs Md.20031
BP	24. f	Burial UNERAL DIRECTOR	5-12-80	Ft. Linco	ln Cem.	Brentwood ECC.D. BY REGISTRAR 256. REG	Pr. Geo. Md.
DHMH - 17 (VR A15 ME (5)) 15M 7/77	N	alley's F.H.	Inc. Mt.	Rainier, M	Id. MA)	(1 5 1980) Tu	itry Ma Bready

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	(TYPE	CEASED NAME FIRST CORPRINT) EMMA	Gretche	en CURTIS	REG. NO. 20 DATE OF DEATH MONTH DAY 05 30	80 8:45			
	3. SE	Female	Caucasian	S DATE OF BIRTH	85 YRS. MON				
16	C	RTHPLACE (STATE OR FOREIGN DUNTRY) W Hampshire	76 CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED ☐ NEVER MARRIED ☐ WIDOWED TO DIVORCED	Prince Georges	DEATH			
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Tem 18 3		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH (P.M.		RED (ENTER NATURE OF INJURY IN ITEM 18, PART)	OR PART 2)			
rkedor	MEDICAL	21d INJURY OCCURRED WHILE OF WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, PARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY			
If Item 21 is ma		27a I certify that (I) (this haspital) attended the deceased fram							
IMPORTANT:		22d PHYSICIAN'S NAME (TYPE O Massoud Nemat	R PRINT)	22e. ADDRESS	onector physician ve. Marlow Heights,	0			
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICAT REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN TO MONTH TYPE OR PRINT) OF ESTI-6. AGE (IN YEARS IF UNDER I YR. IF UNDER 24 HRS DATE PRONOUNCED DEAD TO BIRTHPLACE (STATE OF BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Iowa DIVORCED U.S.A 10. CITY OR TOWN OF DEATH H-NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Botony Professor Education 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13a. 57 ATE 13d. INSIDE CITY LIMITS? Md. Prince George 5808 Dewey Street Cheverly 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Neubold Bessie Robert Davidson 17. INFORMANT (Wife) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. **ADDRESS** (YES, NO, OR UNKNOWN) |480-24-0825 Phyllis Davidson Same As #13 Yes 1957-1959 18. CAUSE OF DEATH (Enter only one cause per lift for (p), (b), and (c).) BETWEEN ONSET AND DEATH rtho selecte carcles variety desert PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B. AUTOPSY? YES NO . 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY JAT HOME, 21d. INJURY OCCURRED III. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY 220. I certify that I took charge at the remains described above, held an Autapsy Inspection and in my apinian Homicide Undetermined manner death resulted fram 0 Buria1 Illinois London Mills June 3,1980 Midway Cemetery BP 11800 N. H. Ave. **DHMH-17** Hines/Rinaldi VR A15 ME (5)) Funeral Home Silver Spring, Md. 15M 7/76

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4	1		STATE OF MARYLAND NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENB U 1 3	5 1 5
	(TYP	EASED NAME DANIEL MIDDLE	DAVIS	20. DATE OF DEATH MONTH D	1.80 9.45 AM
ago voc	3 SE	M Black	DATE OF BIRTH MONTH DAY Oct. 15.1893	86 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN
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by the filed the	C		BEN. HOSP. ECF	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
AND 2120	136	RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AT	13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 1022 58th Ave	
MARYLA ited within ompletely 1 and 2 sho		HER'S NAME FIRST MIDDLE LAST UNKNOWN	15 MOTHER'S MAIDEN NAM	Unknown	LAST
IMORE,	160.	AS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURIT 16b. SOCIAL SECURIT 17b. 17b. 17b. 17b. 17b. 17b. 17b. 17b.		ADDRESS	Fairmount Hgt
RDS, 301 W. PRESTON ST., BAL equires that the death certificate in signed by the attending physica Then please remove corbon paper to burial, cremation, or removal. injury, or other traumatic event, th	NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	Denote Denote Denote De la Senote De la Seno	yly Cenni MAL DISEASE OR CONDITION GIVE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH N IN PART 1(0)
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DIVISI or other After these os the colth and marked o	ME	WHILE NOT WHILE AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARA 220.1 certify that (1) (this haspital) attended the deceased from		CITY OR TOWN	COUNTY STATE 9 0, that (I) (we) last
R ATTE hospith red for red for em 21		sow the deceased alive an abave, (I) (we) (did) (did not) view the body after death.	DEGREE ATTENDING	eoth occurred on the date and hour	
TO HOSPITAL OI retained by the TO FUNERAL DI should be detach with the State De IMPORTANT: #		PHYSICIAN'S NAME (TYPE OF PRINT) H. A. MOLAVI. M	PHYSICIAN X 22e. ADDRESS L COUS L	andover Rd	Chevelly Ad
300BP		ECIFY)	ve of CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN Beltevill RECD. By REGISTRARIZS. REGISTR	OUNTY STATE
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1] -	FOR STATE REGISTRAR			DEPARTMENT O	FHEALTH		-	REG. NO.	3 5	1 6
)		CEASED NAME E OR PRINT)	First Jer	rv I	MIDDLE	Day	ris	OF	KNOWN MON		YEAR 2b. HOUR
S FOR YOUR FILES. WITHIN 72 HOURS V PRESTON STREET,	3. SEX	nale	4 RACE White	5. DATE OF BIRTH MONTH DAY Aug. 23	YEAR 6. AGE (IN LAST BIRTH	YEARS IF UNE	DER 1 YR. IF UNDER		MON		80 9:25]
PAGE 5 FOR YOUR FILED, WITHIN S. 301 W PRESTO	W		on D.C.	76 CITIZEN OF W		WIDOWE		Pr:	ince Geor	ge Cou	nty
SHOULD BE FILED,	C	ty or town o		Prince	SPITAL, NURSING HOALLING, STREET ADDRESS GOORGE	eneral	Hospital	FOR MOST OF WOR Student	PATION (TYPE OF WO	OR IN Scho	DUSTRY
35	Ma	ryland	Prin	ce Geo.	13. CITY OR TOWN	lle		7705 Fre	ss ederick R	load	
164		ATHER'S NAME FIRST	Unkno		LAST		Barbara	N NAME J		Davis LAST	
DIVISION OF VIEW	16s. V	ES, NOOR UNKNOW	YN) (# YES, GN	RMED FORCES? (E WAR OR DATES) only one couse per line	220 90 6		7. INFORMANT Barbara J	. Gowen	Same as	#13 (N	Mother)
ION, OR REMOVAL.	>	gave rise cause (a) lying caus	s, if ony, whice to immediat stating the <u>unde</u> e last.	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENC AS A CONSEQUENC BUT NOT RELATED TO THE TE	E OF	DR CONDITION GIVEN IN PAR	(T) (a).			
AL, CREMAT	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH OP	ERATION WA	S PERFORMED?			20. AUTO	
PRIOR TO BURIAL		210. EXTERNAL UNDERLYING CONTRIBUTIN	OR CAUSE OF	21b. TIME OF HOUR A.M. 5:08PM	FINJURY 1 MONTH 20AY 80E		winjury occurred		URY IN ITEM 18 PART 1 C		XX NO []
0.4	MEDICAL	21d. INJURY OF WHILE AT WORK	INJURY OCCURRED THILE WORK AT WORK XX 1 10. PLACE OF INJURY (AT HOME. STREET STREET) STREET BladensburgMarina, Bladensburg, PrinceGeo, MD								
BALTIMORE, MARYLAND, 212		22a. I certify	22a. I certify that I took charge of the remains described above, held on Autopsy XX Inspection . Inquiry ., and in my opinion death resulted from: Noty of Journal . Accident XX Suicide Homicide Undetermined monner TITLE (SPECIFY) ASSISTANT MEDICAL EXAMINER DATE SIGNED 5/27/80								
AFTER BALTIN	23a. BI	(TYPE OR PRIN URIAL, CREMAT PECIFY)	ION,REMOVAL		23c. NAME OF C	EMETERY OR	XXXXXXXXXXX	Penn Stre		nore,MD	STATE
H · 17	#\real	Burial	Sch's S	5/30/80 Sons Funera	Washin Home, P	gton Na	ational	Suittan EC'D. BY REGISTRA	R 25b. REGISTRAR	CE GEO.	
E (5))		_		Maryland			301	12 1980	mores	777	7

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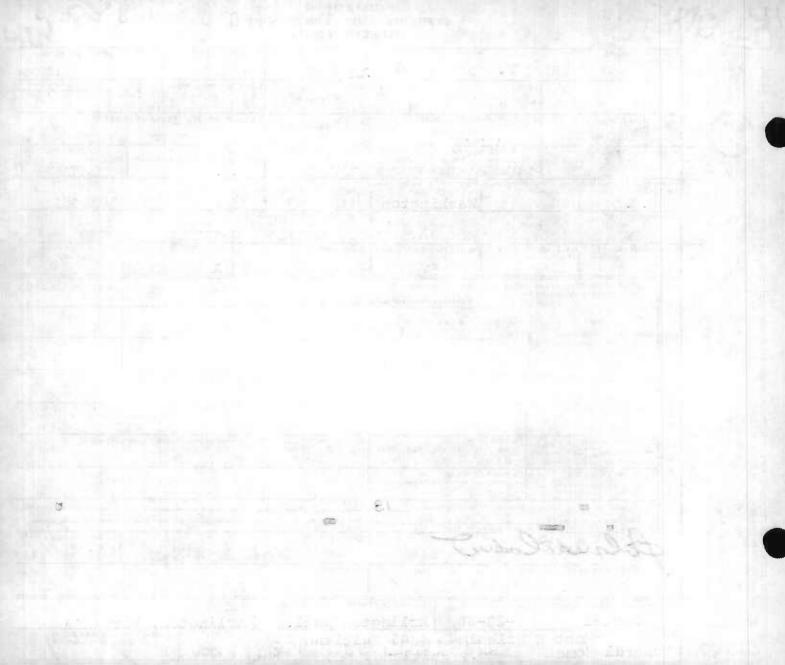
MI	1		CEASED NAME FIRST	MIDDLE	LAST DE A 1	28 DATE OF DEATH MONTH DAY YEAR 26 HOUR
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	90	3 SE	M	1 RACE	5 DATE OF BIRTH MONTH DAY YEAR 13 1913	66 YRS.
72 hour	199		RTHPLACE (STATE OR FOREIGN DUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DOORCED	PRINCE GEORGE'S COUNTY
y the to	4	10 CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (Mas + 13 a. d.)
led in b	125	USU/ 13a S	TATE 136 COUP	OTHER INSTITUTION, GIVE RESIDENCE BEFORM 134 CITY OR TOV	RE ADMISSION) NN 13d INSIDE CITY LIMITS?	13a STREET ADDRESS
y til	120	14.54	THER'S NAME	6.	YES NO NO NO NA	9029 Volta st.
mpletal nd 2 sh	1960	14 74		MDDIE LAST	Josephine	MIDDLE LAST
and co	th up		4/	MED FORCES? 160 SOCIAL SEC E WAR OR DATES) U 2 579-12-	URITY NO. 17 INFORMANT	Same A3 13 E
ane has been signed by the attent it permit. Then please remove car gene prov to burial, cremation.	8 thows any injury, or other tra	CERTIFICATION	Sever Usuni 1	UPPORTON FOR WHICH	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	WINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 200 AUTOPSY? YES NO
this certifications and the second se	d or Item	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
ECTOR: After for use as the but of Health and	21 is marked	W	saw the deceased alive an	(AT HOME, STREET, FACTORY, OFFICE.	5/14 19.71	to 19 that (4 (we) death occurred on the date and hour and from the causes stated
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME O DATE KNOWN M MONTH (TYPE OR PRINT) DEATH MATED | May 27 1080 R. THOMAS DI AMOND 6 AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH 2d HOUR IF UNDER 24 HRS DATE PRONOUNCED MALE WHITE July 19, 1918 61 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED PRINCE GEORGES Washington D.C. U.S.A. 120. USUAL OCCUPATION (TYPE OF WORK 126 FIND OF BUSINESS 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Clerk PRINCE GEORGE GENERAL HOSPITAL CHEVERLY Goverment ISUAL RESIDENCE (IF IN NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 4206 Underwood Street Prince Geo. Maryland Hyattsville YES X NO [15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Rose MIDDLE Diamond Andrew A. Murray 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (YES NO OR UNKNOWN) 579 10 1700 Jean E. Diamond (Wife) Same as #13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY browne Ophuctive for monor placeone with DUE TO, OR AS A CONSEQUENCE OF Nov put marfale Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) in auto becedent Ortenos elecons 20. AUTOPSY? E 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURIAL, YES NO 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR LINDERLYING OR 4-27 well accident CONTRIBUTING JCAUSE OF DEATH 211 LOCATION 110 PLACE OF INJURY (AT HOME. WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Hamicide Undetermined manner death resulted fram: Natural causes Suicide TO FUNERAL DAFTER DEATH, MEDICAL EXAMINER Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Court Camp Springs, Md. 236, NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE COUNTY 5/31/80 Ft. Lincoln Cemetery Burial Brentwood P.G. Md. BP Francis Gasch's Sons Funeral Home, P. .. 250. DATE OF BY RECORD 1256. REGISPRAR'S SUSMANIER **DHMH-17** VR A15 ME (5)) Hyattsville, Maryland 15M 7/76

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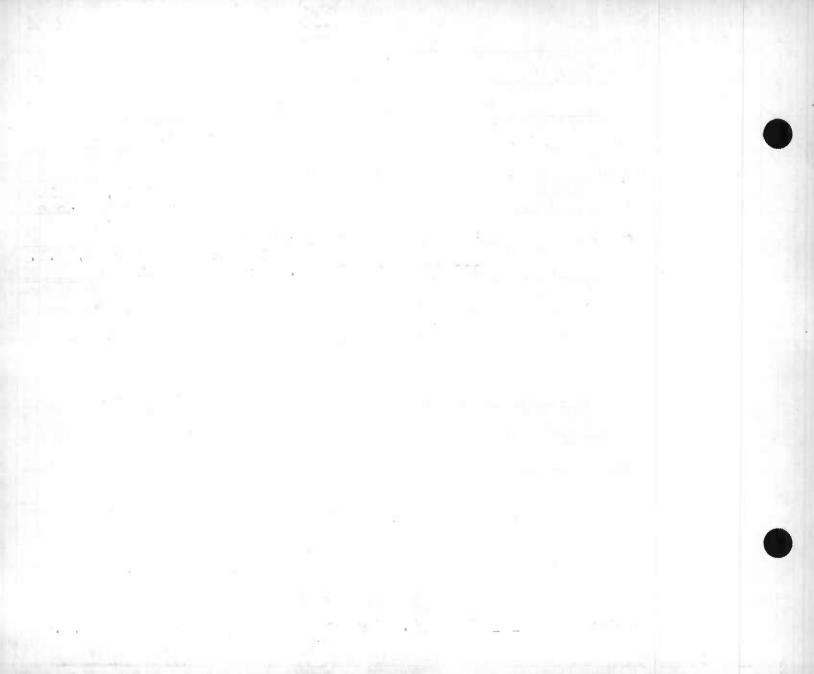
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The I	3	190 DATE OF OPERATION	196 C	ONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	200. IF YES, WE IN CERTIFYING	RE FINDING	GS USED OF DEATH?
te h	E						YES NO	YES 🗍		NO 🗍
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 UDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour attending physician. After this certificate has been signed by the attending physician and completely filled in by so the burial-transit perment. The please remove carbon popers. Pages 1 and 2 should be filed in the and Marial-transit perment. The please remove carbon popers.	CERTIFICATION	21a. ACCIDENT WAS UNDERLY		ME OF INJURY	1100	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 11	OR PART 2)	
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EATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)

206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY 21f. LOCATION 21d INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY

(our) opinion leath occurred on the date and hour and from the causes stated

PEGREE MEDICAL ATTENDING STAFF DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL

Dr. Lewis H. Dennis

22e. ADDRESS

831 Univ. Blvd. E. Silver Spring, Md

23d LOCATION

5-31-80 Burial Wash. Natl. Cem. Suitland P.G. Maryland 24 FUNERAL DIRECTOR Robt E Wilhelm ADDRESS 4308 Suitland 250. CATHUE CLD. BY THE AR 256, REGISTRAR'S GNATURE

23c. NAME OF CEMETERY OR CREMATORY

Funeral Home Rd., Suitland, Md.

23b. DATE

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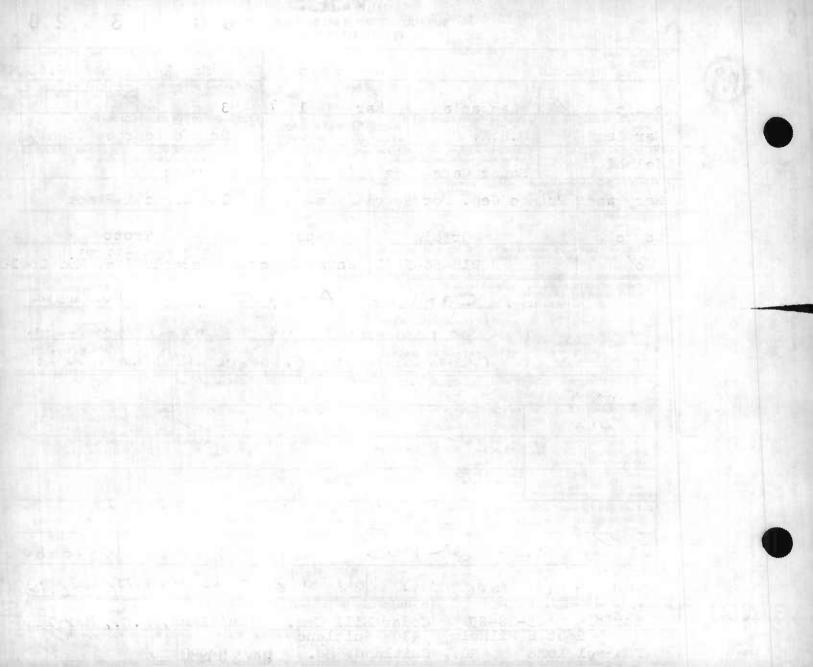
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	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 1 3 5 2 7								
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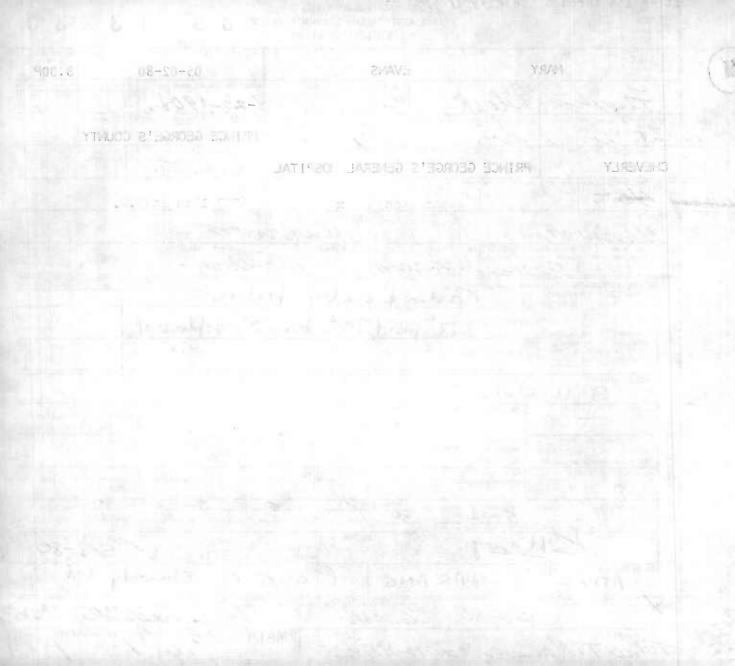
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	DELAY IS 3 TO THE IN PAGE 18 FILED 105, 301	100	TY OR TOWN OF DEATH	11. NAME OF HOS	SPITAL, NURSING HOM		ER INSTITUTION	120. USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE) Insurance Rep.	work 126 KIND OF BUSINESS OR INDUSTRY
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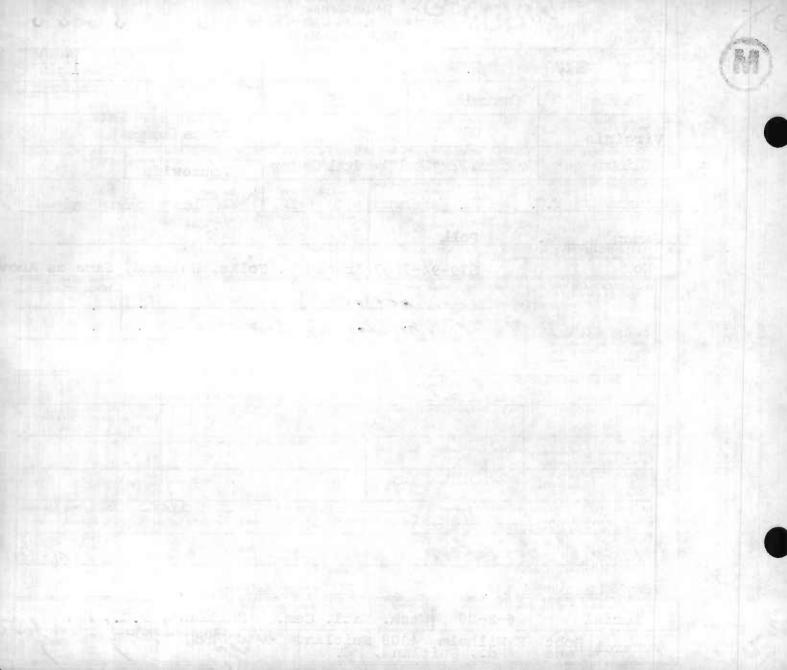
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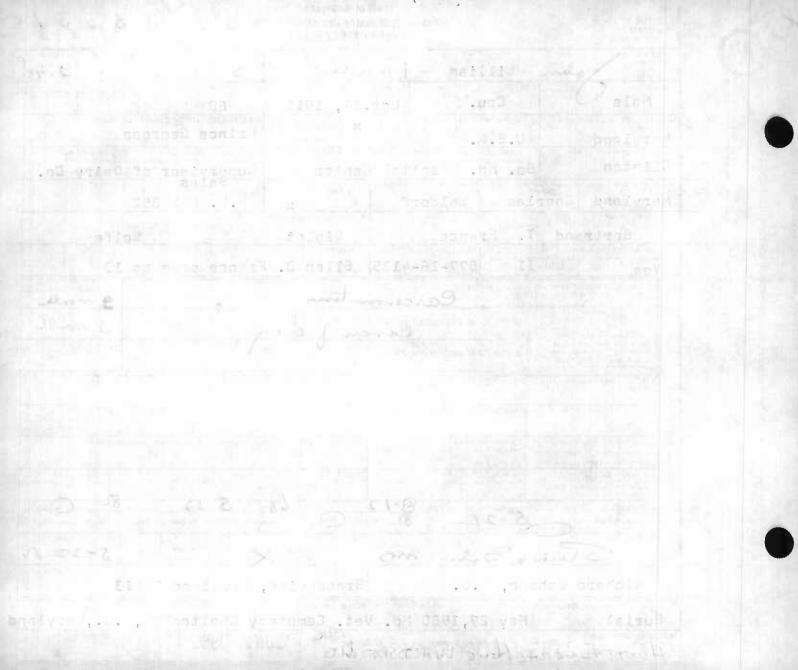
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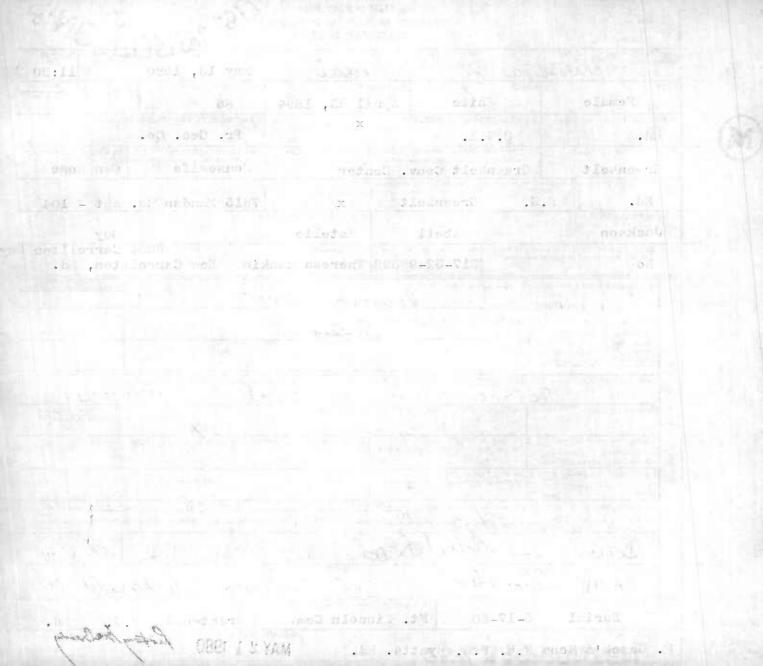


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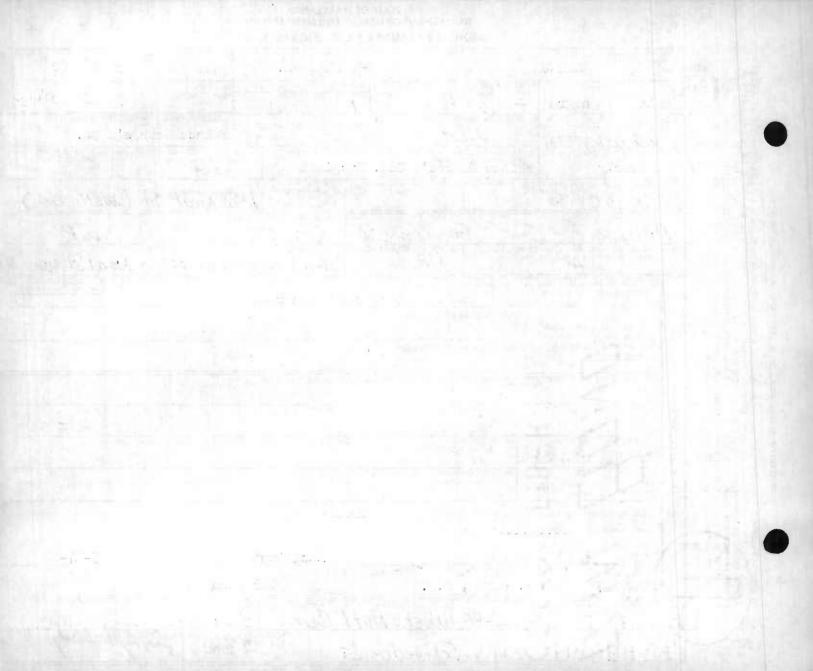
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH LTYPE OR PRINT) OF ESTI-CIA 1982 5 6. AGE (IN YEARS 5. DATE OF BIRTH IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY PRONOUNCED -28-52 DEAD To BIRTHPLACE (STATE OR 9. BATTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wash. D.C. U.S.A. WIDOWED DIVORCED II. CITY OR TOWN OF DEATH L-NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION ITYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Housewife OR INDUSTRY Home CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 3000 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME OF VIT Mary Elizabeth Shumaker Prince 17. INFORMANT 166 SOCIAL SECURITY NO. ADDREAST lington, Va. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 228-78-8044 Joseph E. Garcia, 3000 Spout Run Pkw no CAUSE OF DEATH (Enter only one cause per lige for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Querdose IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES NO A E 3 SHOULD BE E DEPARTMENT PRIOR TO BURIX SE. 210 EXTERNAL CAUSEWAS 2705 PLANTE OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UR A.M. MONTH DAY POR MEDICAL FM 5-13 CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 71d. INJURY OCCURRED 21e PLACE OF INJURY STREET, PACTORY, FARM, ETC.1 WHILE AT WORK tme. DIRECTOR: I 220. I certify that I taak charge of the remains described above, held an and in my apinian ARYLAND, death resulted fram: Natural causes Accident Undetermined manner TITLE (SPECIFY) DATE PAGE 4 SHOU TO FUNERAL I Thysace Deputy MEDICAL EXAMINER TIMORE ADDRESS 5009 Rayburn Ct., Camp Springs, Md. EXAMINER'S NAME Augusto P. Rodriguez M.D. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Bradensburg, Mary land May 23, 1980 Ft. Lincoln Cem. Robert RECOR Beall Funeral Home BOW I C 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 16000 Annapolis Rd., thanhamp Md. 15M 7/77

. den., D.C. U.S.A. Housewife Home mann Frank Edminanamenne Prince hary Elizabeth Shumaker Atlington, Ve. ---- 228-78-8044 Joseph E. Garcia, 3000 Spout Run Pkm More and the state of the state and remained by the beautiful and the control of th Bladensburg, Maryland Burial May23,1980 Ft. Lincoln Cem. Dert C. Beall Funeral Home Bowie and 16000 annapolis Ko., hammanny M.

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DHMH - 17 (VR A15 ME (5)) 30M 7/73	24 F	NAME H. POWELL	319 N. Sch	oeder St. 250. DATER	2.7 1980 25 PM	Hay Millianly



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DHMH - 16 50M 1/76 (VR A 15 (4))

FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	O REG. NO.	1	- (
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	REGISTRAR									
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SE)	X	4 RACE	5.	DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY)	IF UND	ER I YEAR	IF UNDER	24 F
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	iverdale		FACILITY, GIVE STREET ADDR		Addressogra				R.I.	
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& F ∩ 2 ``	22e. I certify that I took charge of the remains described above, held on Autopsy 2, Inspection , Inquiry 1, and in my opinion	
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₹ ⊇⊇ ≈ ≧ ∨	EXAMINER'S NAME Augusto P. Rodriguez M.D. Address 5009 Rayburn Ct., Camp Springs	, Md.
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	Z 23a.	EXAMINER'S NAME	Augusto P.	Rodriguez !	5009	Rayburn Ct.,	Camp Spr	ings. Md.
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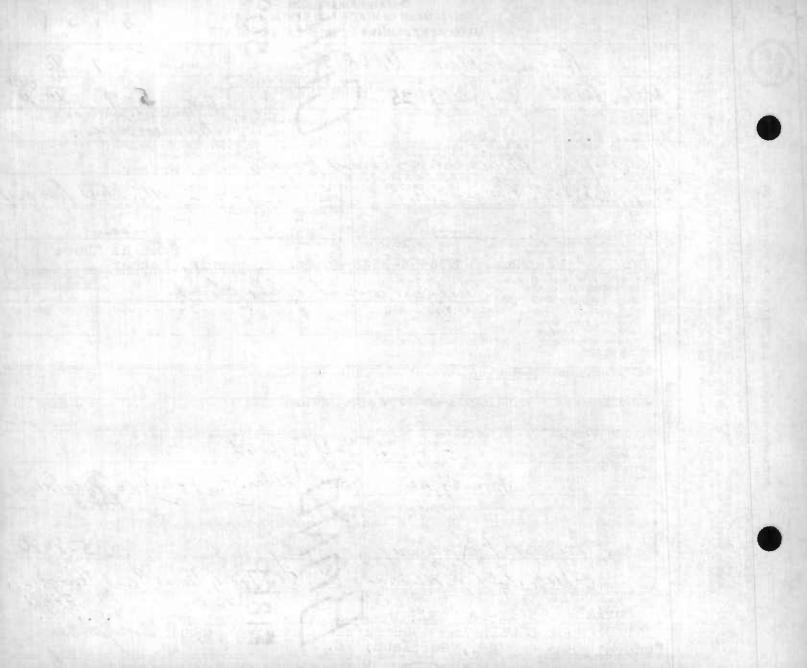
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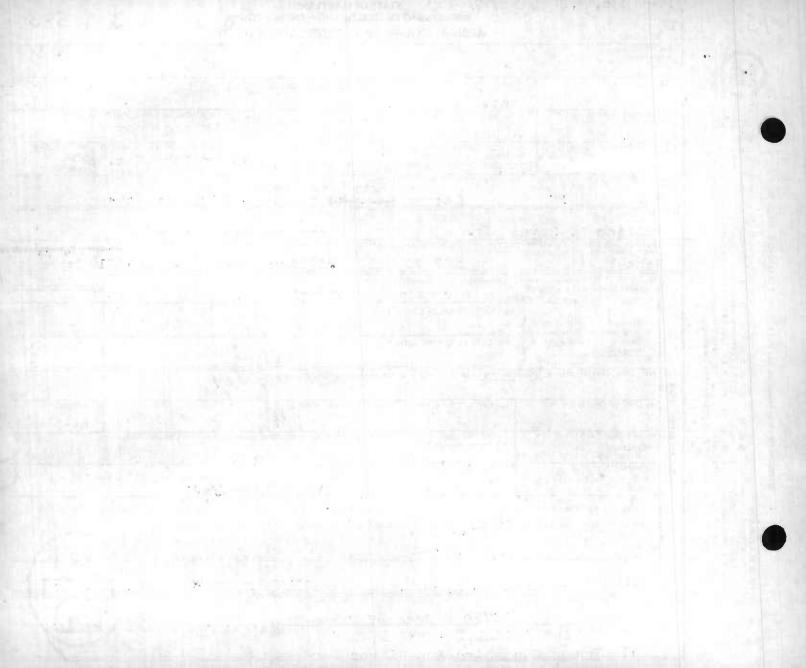
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12	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MEDICAL EXAMINER'S CERT		5 5
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VECES ARY, PLES UNREAL DIRECTOR FOR YOUR THE WITHIN 72 HOSE OR PRESTON STREE	3 SE	A RACE S. DATE CO MORTE S. DATE CO MORTE S. DATE CO MORTE S. DATE CO MORTE S. DE CITIZE	OF WHAT COUNTRY?		7 805%
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MO. ATH.	14.8	Joseph M.	Harris	Mabel Sheff	er
, BALTIMORE, MD. URS AFTER DEATH. B. GIVE PAGES 1, WITH FORM PM. T. PAGES 1 AND 2 DIVISION OF VITA	160. 1	WAS DECEASED EVER IN U.S. ARMED FORCE TE NO. DE UNENOWN (IF TEX ONE WAR OF DATE YES VietNam		Same as seph M. Harris, Father	Above
ON ST., 124 HOL ITEM 18 ALONG V PERMIT. GIENE, IL		18. CAUSE OF DEATH (Enter only one coust PART I DEATH WAS CAUSED BY: 955 IMMEDIATE CAUSE DU	Mataun Ilvarino	0 . 11 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
KEN TREE			b)		
6 5 3 9 3	NO		c) TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CON	NOITION GIVEN IN PART 1 (a).	
VITAL RECOR	CERTIFICATION	19a. DATE OF OPERATION 19k	. CONDITION FOR WHICH OPERATION WAS PER	RFORMED?	20. AUTOPSY?
BIVISION OF VITAL RECORDS, S CERTFICATE SHOULD BE EXE RITING THE WORD "PENDING" ROED TO THE CHIEF MEDICA R 3 SHOULD BE USED AS A BI E DEPARTMENT OF HEALTH AN	MEDICAL CER	UNDERLYING GR CONTRIBUTING CAUSE OF DEATH	P.M. 5-7 1980 Je/	JURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART I OR	PART 2)
DIVIS THIS CER E, WRITING RWARDED PAGE 3 STATE DEP	MED	216. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	PLACE OF INJURY / (ATHOME. 1716. LOCATO) TITRET, FACTORY LABALETC.) TITLE OF INC. 75	A Khatha St. Torestille	MING Exerges
AINER FICATION SE FO THE AND,		22a. I certify that I took charge of the red death resulted from: Natural couses		Inspection I, Inquiry I, and in My	apinion 9
MAR WAR		ACTUAL SIGNATUR SIGNATURE	1. Xrdeymed	MEDICAL EXAMINER DAT	5-8-80 NED 5-8-80
TO MEDICA TO MEDICA TO FUNERA A FIER DEATH BALTMORE,	22. 5	EXAMINER'S NAME ON GUESTO (TYPE OR PRINT) URIAL, CREMATION, REMOVAL 23b. DATE	Ly Mugue ADDRESS ADDRESS OF CHES	5009 Fay Jum Cour	1 (Eughay)
BP	(Burial 5-12	-80 Md. Veteranc	Cem Cheltenham.	.G., Md.
DHMH - 17 (VR A15 ME (5)) 15M 7/76		NAME RODUE WI	lhelm 4308 Suitlan Rd., Suitland, Md.	MAY 1 4 1980	y roomy

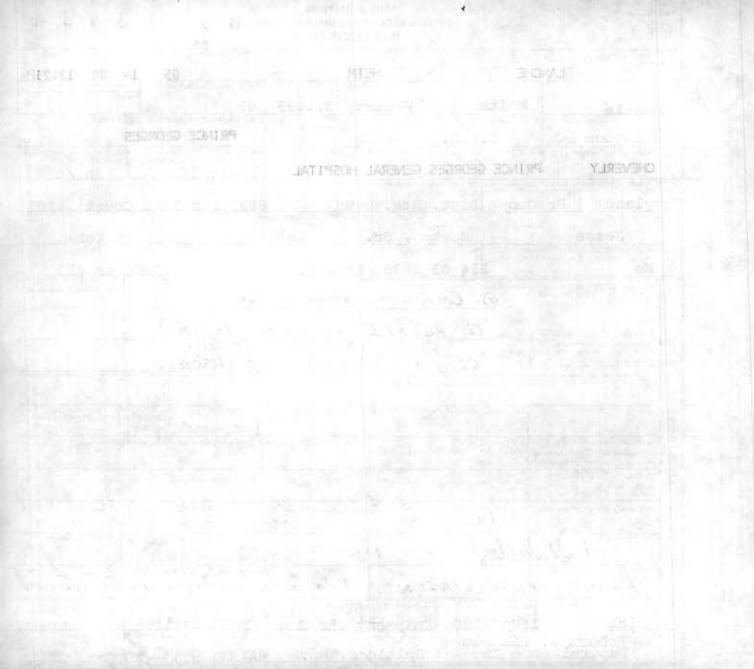


STATE OF MARYLAND

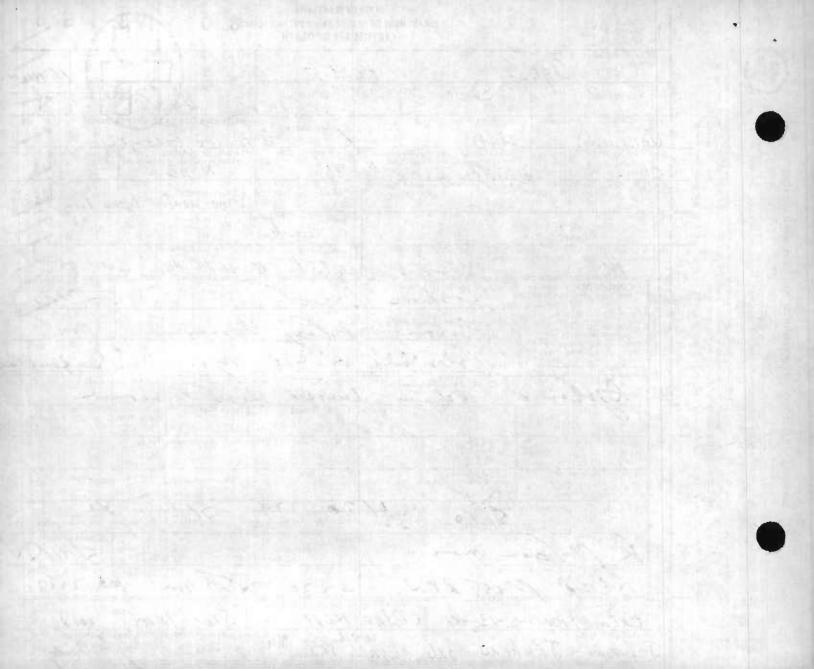
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8 0 .		CEASED NAME FIRST	MIDDLE		LAST	20	OF ESTI-	EX MONTH	DAY YEAR	26. HOUR
	3 SE	JUDITH X 4 RACE	L. S. DATE OF BIRTH		AYES	IDED CALLED	DEATH MATED	5-9	TSO YEAR	M
CESSARY NERAL D. FOR YOL FOR YOL PRESTON STRE	J SE.	FEMALE WHITE	Sept.12,57		THS DAYS HOUR	DER 24 HRS. 20	DATE RONOUNCED DEAD	5-9-		10:10
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W ¬ >		Maryland	USA	WIDO	WED DIV	ORCED 🔲		Georg	е	MD.
오뿌었다	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S	TREET ADDRESS)		MAM	LOCCUPATION (TY	TDC	B OOK -	SINESS
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PEAND OF AND		William A. Ha	yes Sr.			largare	t Dixon			
IMO FTER FOR FOR ION O	(1		WAR OR DATES)	CIAL SECURITY NO.	17 INFORMANT		ADDRES	-Dreit	me as	above
ST., BALTIMORE, MD. 21 HOURS AFIER DEATH IF M. 18. GIVE PAGES 1, 2, NG WITH FORM PM 3, NMIT PAGES I AND 2 SH NE, DIVISION OF VITAL R	H	None 18. CAUSE OF DEATH (Enter an	217	72 3235	W1111a	іт науе	s (Fath	er) 60	APPROXIMATE	INTERVAL
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STON IIN 24 IN ITE SIT PE HYGIE		8/20	DUE TO, OR AS A CON	SEQUENCE OF						
WITH VCIL VINER MANS		Conditions, if ony, which gave rise to immediate couse (o) stating the under-	(b)							
5, 301 W. PREST ECUTED WITHIN 3" IN PENCIL IN AL EXAMINER A BURIAL-TRANSIT AND MENTAL HY		lying couse last.	DUE TO, OR AS A COM	ISEQUENCE OF					PER I	
		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELA	ATEO TO THE TERMINAL DISEA	SE OR CONDITION GIVEN	IN PART 1 (a).				
TAL RECORDS HOULD BE EX RD "PENDING CHIEF MEDIC. USED AS A I OF HEATTH A AL, CREMATIO	CERTIFICATION	19a DATE OF OPERATION								
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P VITA TE SHC WORD HE CH ENT OF BURIAL		210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c. H	IOW INJURY OCCI	URRED LENTER NA	TURE OF INJURY IN ITEM 1	B PART 1 OR PART	YES XX	NO []
CERTIFICATE TING THE WAS SHOULD & SHOULD & DEPARTMEN		UNDERLYING OR CONTRIBUTING CAUSE OF I	HOUR AM MONTH		iver of a	auto tha	at hit pol	le.		
DIVISION OF VITAL RI FR: THIS CERTIFICATE SHOUIL FORWARDED TO THE CHEE OR: PAGE 3 SHOUID BE USED HE STATE DEPARTMENT OF HE D. 21201 PRIOR TO BURLAL, CR.	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY STREET, FACTORY, FARM, E	(AT HOME, 211. LC	STREET		CITY OR TOWN	COUR	NTY	STATE
THIS WR WAR WAR WAR 1201		AT WORK AT WORK	Beltway 49	5 Ra	mp to Rt	. 1 Nort	hbound	1		
CATE CATE STATE ST			e of the remains described obo	XX 4	э_ г	ection .		and in my opi	nion	
RECTIFIED BE		deoth resulted from: Noty	ol causes Accident	Suicide L	, Homicide L		mined monner 🔲	,		
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDEI TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PR		ACTUAL SIGNATURE	swell Mis	*	Deputy	Chiefor	AL EXAMINER	DATE	5-10-80	
EDIC JTE T 4 SI JNER MORE	-	EXAMINER'S NAME	5 0 111 3		7.7.7	D 04	D-1	1.4. 1	MD 03.0/	0.7
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DHMH - 17	24. F	UNERAL DIRECTOR HINE	S/RINAJUSDI FU			AND BY 4	EG 9 8 256. 11	HOTHARSSI	STATULE	7
(VR A15 ME (5)) 30M 7/73			Hampshire A					/	/	E.





	1.	FOR - STATE REGISTRAR		DEPARTA	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYO CATE OF DEATH	GIENES U REG. NO.	3 5 5 5
ii M		CEASED NAME FIRST	nes	MIDDLE	He	Rheet	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 1480 12 NOON
actor/p	3 SE		A DACE O	lack	5. DATE OF	BIRTH DAY YEAR 29 1890	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR FUNDER 24 HRS. MONTHS DAYS HOURS MIN
Sold of the state	U	RTHPLACE (STATE OR FOREIGN OUNTRY)	USF	WHAT COUNTRY?	WIDOWED		Proce GLA	AD. MD.
ours oftr the filed the be notified	C	ITY OR TOWN OF DEATH	Blint I	ICH FACILITY, GIVE STREET	V. Ce	TEL TEL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKE	12b. KIND OF BUSINESS OR INDUSTRY
AND 2 AND 2 AND 2 And 2 And 5	13a :	AL RESIDENCE (IF NURSING HOME		13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS? YES NO [2700 MARTIN	Lather king live.
i, MARYLL uted within completely lond 2 sh		ATHER'S NAME FIRST CLICK	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	MEDDLE	LAST
be executor on and control of the secutor of the se		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES	518-68-6	8348	17. INFORMANT	1246AH HOSP	WASL DC
signed by the aleath certificate signed by the attending physic free please remove corban paper to burial, cremation, or removal niury, or other traumotic event, the plants of the signed by the sign	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, C	ORAS A CONSEQUE ORAS A CONSEQUE ORAS A CONSEQUE ONTRIBUTING TO D	NCE OF	Avery acrola	Macard Macard AINALOTSEASE OR CONDITION	rol Onforcho GIVEN IN PART 110
VITAL RECORDS, N. The low requii hysician. Tronsit permit. Ther Hygiene prior to b 18 shows ony injur.	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY? 206 II YES NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
C PHYSICIA offending p er this certif is the buriol-i	MEDICAL CEI	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	RI HOUR A	OF INJURY A.M. MONTH DA P.M. OF INJURY TREET, FACTORY, OFFICE, FA	19	216. HOW INJURY OCCUR 21f LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM	COUNTY STATE
or ATTENDI baspital or DIRECTOR: A ched for use Dept. of Heal them 21 is m		22e. J certify that (I) (this has sow the deceased alive a	n 5/	he deceosed fram O volter death.		EGREE		19, that (I) (we) lost haur and from the causes stated 22c. DATE SIGNED
HOSPITAL bined by th FUNERAL bould be detr th the Store		THE PHYSICIAN'S NAME (TYPE	Moss	TANN	/	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	nd 2413,
PP	23a. [SURIAL, CREMATION, REMOVA CREMATION FOM	1 236 DATE 5-13	-80 CE	IAME OF CE	METERY OR CREMATORY	23d LOCATION STW OR TOWN / BA	COUNTY UND STATE
DHMH - 16 50M 7/77	24. F	INERAL DIRECTOR	- 1.1	ADDRESS	, w.	954 2C MAY	E RECD. BY REGISTRAR 256 AT	GISTRAR'S SIGNATURE



x .1.8.1 Discount Character of the food of the Artis Manyland F.G. Co. a Capa San (progetal) TO ME AND LOCAL COLUMN TO THE PARTY OF THE P

STATE OF MARYLAND

FOR

LAVAUGIEN 1. HOCKS No. W. 951.3 18-20-51 PRINCE GEORGE'S COUNTY CHEVERLY PRINCE GEORGE'S GENERAL HOSPITAL Delishud 2009 - Piolitat d - continue description of the c

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7		REGISTRAR	ME	DICAL EXAMIN	IER'S	CERTIFICATE O	FDEATH	REG. NO.		
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(44)	{TYP	EORPRINT) James		1	40.	LMAN	OF	ESTI-	10 1 1	28.
(1994)	3. SEX		DATE OF BIRTH	6. AGE (IN YE	ADS IF LIN	NDER 1 YR. DE UNDER		MATED L	1980	M
	M	166 Black	MONTH DAY	YEAR LAST BIRTHO			MIN PRONOUN	ICED 5-12-	10 80	345 HOUR
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要意味が		VA.	USA		WIDOV			THE GET	7	MD.
52 574	10	TY OR TOWN OF DEATH	MAKE OF HOS	SPITAT, NURSING HOM	E, QR OTH	HER INSTITUTION	120. USUAL OCCUP	PATION (TYPE OF WORK KING LIFE)	0R INDUST	
	0	nevery		- Color	Lens	val/00/10	Cy .			
IF ANY DEL	13a. S	L RESIDENCE (IN NURSING HOME OR TATE 136. COUNTY	OTHER INSTITUTION, G	13c. CITY OR TOWN	ION)	136 INSIDE CITY LIMITS?	13e. STREET ADDRE	CC		
21201 F ANY S. AND S. RETA S. RETA S. RECOUL	1 -	D. P.G.		SEAT PL		YES NO	917 Mi	nna Ave.		
D. 2 1 3. 2 2 5 5 4 8	14. FA	THER'S NAME				15. MOTHER'S MAIDE		12.00		
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'IMORE' 'FTER DE FORM FORM FOR ION OR	(YI	VAS DECEASED EVER IN U.S. ARMI	ED FORCES?	166. SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDRESS 141		ngdal
BALTIMORE, RS AFTER DE GNE PAGE! WITH FORM WITH SORM DIVISION OS.		No		579-54-7	599	Otis E.	Holman	Chapel	Oaks,	Md.
		18 CAUSE OF DEATH (Enter only	ane cause ber line	e far (a), (b), and (c).)					APPROXIMATE BETWEEN ONSE	INTERVAL
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TON ST. 1 24 HC 1 TEM 1 1 TEM 2 1 DEM 1 1 FERM!		16 h CA IMMEDIATE		AS A CONSEQUENCE				-000	CLEB D D	- Care
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W. PRESI D WITHIN ENCIL IN AMINER J TRANSIT ENTAL HY REMOVA		gave rise to immediate	(b)							
OT W. I		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR	AS A CONSEQUENCE	OF					
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INER: KATE FOR TOR: THE S	1	22a. I certify that I taak charge	of the remains de	seribed abave, held an	Autop	sy, Inspection	Inquiry	and in my o	pinion	
	196	death resulted fram: Natural	causes	Accident, Su	icide 🔲	, Hamicide .	Undetermined mo	nner ,		
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ST NOW	1	EXAMINER'S NAME	- D D-			5000 0				
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DHMH · 17	24. FU	NERAL DIRECTOR MORROL	00W 33 V	DFORD. IN	C.	250. DAJEN	FC'B. BY REGISTRA		5月的地区地上	
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STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

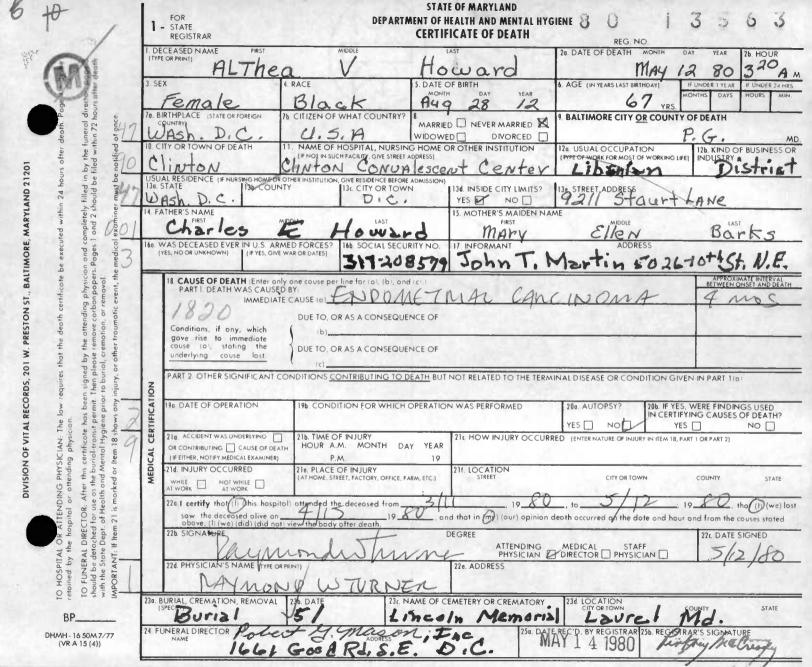
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME DATE KNOWN MONTH (TYPE OR PRINT) DEATH MATED 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED 8-03-06 DEAD To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington DC USA ID CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION BE OF WORK 12b. KIND OF BUSINESS nalsenger (70 neva USUAL RESIDENCE IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) I SL COUNTY 2806 Erie Street, S.E. Washington 13d. INSIDE CITY LIMITS? YEXX NO [PAGES 1 AND 2 S 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Pace MIDDLE Mann Thomas Mary 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS NO OR UNKNOWN) R Daniel Howard 12205 Maycheck Lane 578 54 1230A Bowie, Md 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BURIAL-TRANSIT PERMIT. AND MENTAL HYGIENE, I ON, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 COL LEVE 5 alex 5 alex 5 1 5. ahronico to tostustius pelmonary d crasse ULD BE FORWARDED TO THE CHIEF I DIRECTOR: PAGE 3 SHOULD BE USED WITH THE STATE DEPARTMENT OF HE ARYLAND, 21201 PRIOR TO BURIAL, CRE 20. AUTOPSY? t crtsocanterio traline YES [NO M 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CONTRIBUTING PCAUSE OF DEATH 21f. LOCATION WHILE AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy Accident Hamicide ___ death resulted fram: Natural causes Suicide Undetermined manner TITLE (SPECIFY) DATE 5-11-80 EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, V BALTIMORE, MA Deputy MEDICAL EXAMINER EXAMINER'S NAME ADDRESSOO9 Rayburn Ct., Camp Springs Md. 20031 Augusto P. Rodriguez M.D. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE Marylandstate 13 May 80 Cedar Hill Cemetery "Surtland BP 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S STOCKATURE 24. FUNERAL DIRECT Robert E Wilhelm Funeral Home **DHMH - 17** MAY 1 1 1000 (VR A15 ME (5)) Maryland Suitland 15M 7/77

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-19 4 RAC IF UNDER 1 YR. 2d. HOUR S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE YEAR PRONOUNCED 3 -DEAD To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNT 9. BALUMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) West Virginia WIDOWED DIVORCED 12b. KIND OF BUSINESS 12a USUAL OCCUPATION (TYPE OF WORK OR TOWN OF DEATH OR INDUSTRY recente Supervisor Post Office USUAL RESIDENCE (IF IN JURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS 13a. STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 5001 Lackawanna Street Md. P.G YES X NO [College Park 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST Fred Howell Hazel I. Mc Cormick ADDRESS 8801 60th. Ave. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Berwyn Heights, Md. 232-48-1223 Josephine M. Howell Korea CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY helennice carded IMMEDIATE CAUSE (a) 1541 DUE TO, OF AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (D.). CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 90 BURIAL, YES NO [3 SHOULD BE DEPARTMENT 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING 0 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV. TO FUNERAL DIRECTOR: 9 AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 21 22a. I certify that I took charge of the remains described above, held an Autopsy ond in my opinion Inspection death resulted from: Notural causes Accident Homicide Undetermined monner DATE SIGNED 5-14-80 MEDICAL EXAMINER Burial 5-19-80 Arlington Natl. Cem. Arlington Arlington 24: FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) F. Gasch's Sons F.H. P.A. Hyatts. Md. 15M 7/76

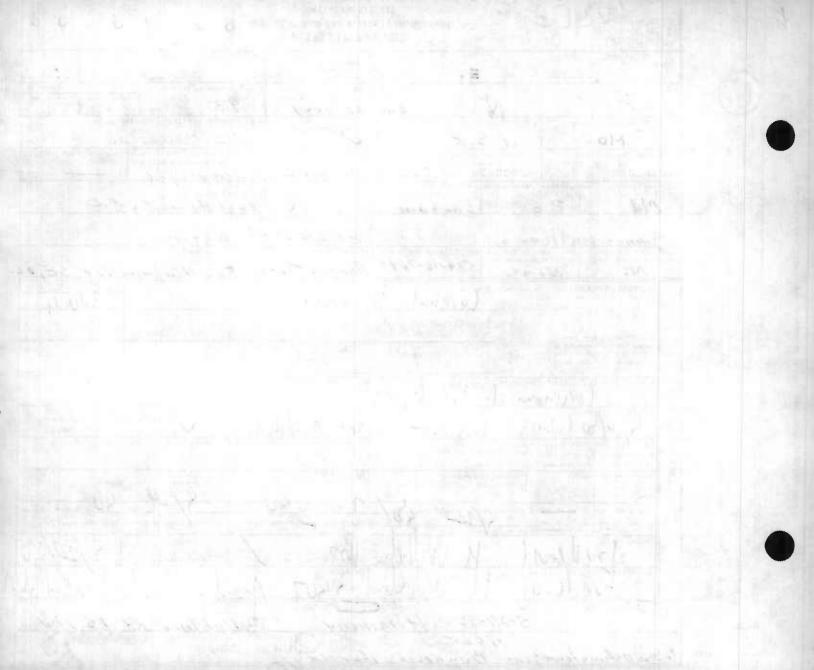
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1-3	ital corus	m 2		saw the deceased alive an	of) view the body after death.	, and that in (my) (our) apinion (death occurred on the date and haur and fro	am the causes stated
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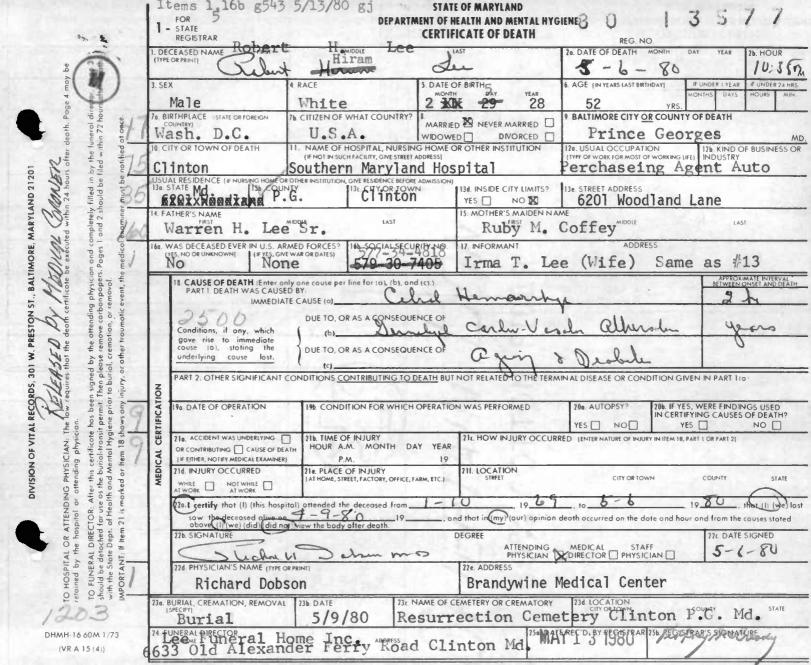
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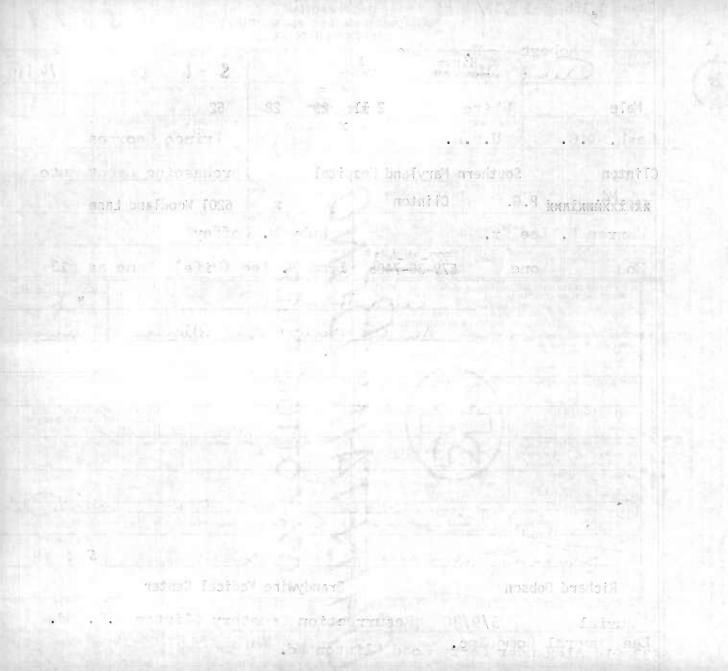
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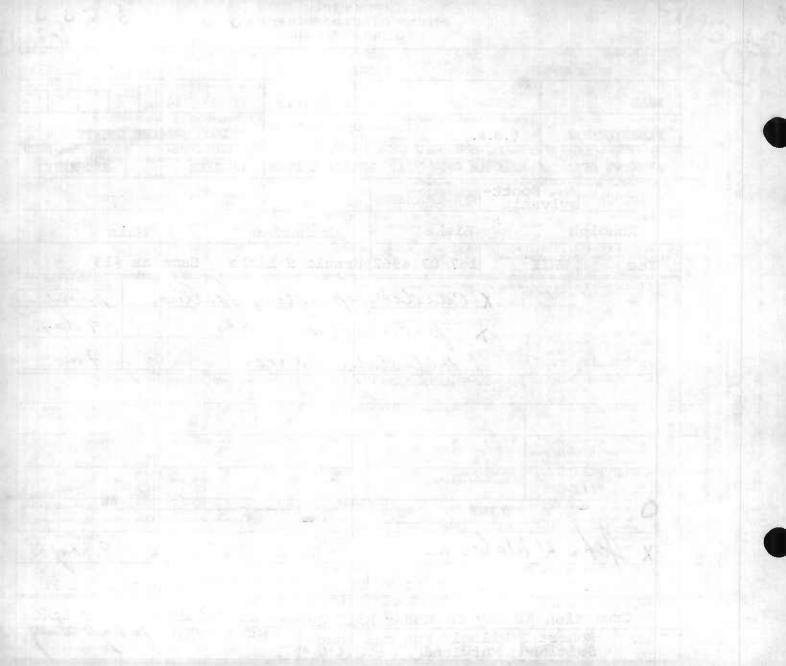
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DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH 26. HOUR (TYPE OR PRINT) OF 251 DEATH MATED GIMICA 19 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE PRONOUNCED 11-17-25 DEAD TO BIRTHPLACE (STATE OR 76. OTIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY! WIDOWED DIVORCED Virginia IL MAKE OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION House Wife 13d INSIDE CITY LIMITS? Prince Georges Marlow Heightsyes X 3262 Curtis Drive, Apt. 312 NO [WITH FORM PM 3.
T. PAGES 1 AND 2 SH 14 FATHER'S NAME IS, MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Elizabeth William Willis Jones Mary ADDRESS 203 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Curtis Dr. (YES, NO, OR UNKNOWN) 229-22-0224 Ronald S. Lindsay, Husband, Marlow Heights, Md 0 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: reno selevola Carelis Vorcules desce IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL YES [NO T 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. TO 218. PLACE OF INJURY (ATHOME III. LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN STATE COUNTY WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Accident Suicide Homicide L Undetermined manner death resulted fram: Natural causes TITLE (SPECIFY) Deputy RAL ATH, SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez M.D 5009 Rayburn Ct., Camp Springs, Md. 230 BURIAL CREMATION REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial **DHMH-17** VR A15 ME (5)) Home, 3447-14th St., N.W. Wash., 15M 7/76

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Maryland

(VRA 15, 4) 1/79



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME DATE KNOWN TO (TYPE OR PRINT) OF ESTI-DEATH MATED S DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE PRONOUNCED DEAD To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED District of Columbia 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS Examiner-Bur. of Engrav&Printing 13 CITY OR TOWN 13b COUNTY 13d. INSIDE CITY LIMITS? 13e. STREFT ADDRESS Maryland Prince-Georges YES X NO [5115 Woodland Blvd 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME OF VITA LAST Phelps Robert Margaret Allen 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 577-12-7112 | Jeannette Cantwell NO Annapolis, BETWEEN ONSET AND DEATH urselastic Cardes Vorueles DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 20. AUTOPSY? DEPARTMENT OF PRIOR TO BURIAL, YES | NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING PRIOR WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an death resulted fram: Natural causes Accident Suicide Hamicide ___ Undetermined manner TITLE (SPECIFY) TO MEDICAL EXECUTE THE C PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BALTIMORE, MA MD Deputy MEDICAL EXAMINER . Rodri 5009 Rayburn Ct., Camp Springs Md. 20031 uez M.D. (TYPE OR PRINT) **ADDRESS** 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 14May1980 Mt Olivet Cemetery D.C. Washington, Burial 24 FUNERAL ROBERT E. Wilhelm 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) Funeral Home Suitland, Md. 15M 7/77

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME KNOWN MONTH 20. DATE (TYPE OR PRINT) OF ESTI-DEATH MATED 4720 6. AGE IN YEARS IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED DO PEAD 7a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED X DIVORCED LENAME OF HOSPHAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Clerk Navy Dent. Prince Landover 13d. INSIDE CALL LIMITS? 130 SIREE ADDRESS Road Apt 1017 Geo. YES 3 NO [OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Edgar Maude Martin Webster 380000 Resiste 97 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES NO, OR UNKNOWN) 238 18 8385 Gladys O. Hudson Glenwood, Maryland 18. CAUSE OF DEATH (Enter only one cause per line farda), (b), and (c).) Juno solunte Carded l'as enler PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 9 YES NO A 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21e PLACE OF INJURY LATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC. CITY OF TOWN STATE WHILE AT WORK COUNTY 220. I certify that I taak charge af the remains described above, held an Autapsy Inspection ARYLAND, death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) Deputy TO FUNERAL CAFTER DEATH, BALTIMORE, MA MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 5009 Rayburn Ct., Camp Springs, Md. Augusto P. Rodriguez M.D. 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION P.G. Md. Burial Brentwood 5/15/80 Ft. Lincoln Cemetery Prantis Gasch's Sons Funeral Home, P.A. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) Hyattsville, Maryland 15M 7/77

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funerul directions should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 7. Hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	TO HOSPITAL OR ATTENDING PHYSICIAN retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: should be detached for use as with the State Dept. of Healt

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-	STATE OF MARYLAND	2 15
011	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEN®	1 4
	REGISTRAR CERTIFICATE OF DEATH REG. NO.	
	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR (TYPE OR PRINT)	2b. HOUR
de other	Blanche Elizabeth Meade 5-13-80	715PM
may pag ter de	3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH DAY YEAR MONTHS DAYS	IF UNDER 24 HRS
Page 4 may be director, page 3 hours after death	Female Black 12-26-1889 90 YRS.	HOURS MIN
Pog. Pog.	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 1	
Jeath. P	Maryland U.S.A. WIDOWED DI DVORCED Prince Georges	MD.
4 7		BUSINESS OR
- 4 to 6	Brandywine Residence 16600 Navlor Rd.	
112 be	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
ND 2 h 24 h 24 h avid the	13a STATE 135 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md P.G. Brandywine YES NO X 16600 Naylor-Perr	w Rd
YLAI ithin ithin 2 sho 2 sho	14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME	y mas
MAR mples	George: A Walls Mary Jane Jackson	
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	
BALTIMORE.	(yes, no or unknown) (if yes, give war or dates) No 578-12-3128 Alfred Johnson 15501BBaden	Most
e be ers. f.	No 1 578-12-3128 Alfred Johnson 15501BBaden	MATE INTERVAL INSET AND DEATH
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	gave rise to immediate	PT 0 7
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TO HOSPITAL OR AT TOLING BY THE HOSP Should be detached fourth the State Dept.	Thomas I. Fieldson Brandywine Waddorf Cliffic Brand	- A MILLO
0006	(SPECHY)	STATE
DHMH-16 60M 1/73	Buria 5-17-80 Myers Ch. Cem. Nottingham P.G.	Md.
(VR A 15 (4))	NAME ADDRESS AND 1000 F. L. Angel	
(100,000)	Martell Adams Aquasco, Maryland 20608 1980 Proprey	

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3 13 1.	FOR STATE REGISTRAR	22a G54		dad state of DEPARTMENT OF HEALT DICAL EXAMINER'S		FDEATH	1 3	5 9	6
	DECEASED NAME (TYPE OR PRINT)	Liudo		MIDDLE	Mikuckis	20. DATE KNOWN OF ESTI- DEATH MATED		8 19 80	2b. HOUR
DIRECTOR I	Female	White	5. DATE OF BIRTH DAY 9-4-1902	YEAR 6. AGE (IN YEARS IF U MON 77 YRS.	NDER 1 YR. IF UNDER	PRONOUNCED DEAD	5	8 19 80	2d. HOUR 2:52
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PAGE 301	Chever	ly	Prince	PITAL, NURSING HOME, OR OT CILITY, GIVE STREET ADDRESS) George's General Residence Before Admission)		FOR MOST OF WORKING LIFE) Housewife		or industry	Υ
E SE COUL	o. STATE Md.	113b COUL		13c. CITY OR TOWN Riverdale	YES 🔼 NO 🗌	136 STREET ADDRESS 6913 Furman	Parkway	P	
160	Joseph Was Deceased	EVED IN IT S AT	MIDDLE	Koncevicus 166. SOCIAL SECURITY NO.	15. MOTHER'S MAIDER FIRST Antonina 17. INFORMANT	MIDDLE	Stan	kovicus	
NOISINIO	(YES, NO, OR UNKNOW		E WAR OR DATES)	063-26-5977	Joseph S.		No #		- Cas
	18. CAUSE OF PART I DEA	ATH WAS CAUSE	nly ane cause per line ED BY: ATE CAUSE (a)	far(a),(b), and(c).) conic obstruct	ive pulmon	ary disease	with	APPROXIMATE II BETWEEN ONSET A	NTERVAL AND DEATH
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511	FUNERAL DIRECT		F.H. P.A.	Hyattsville, Mo	111	1 6 1980	registrar's SIG	MATURE	

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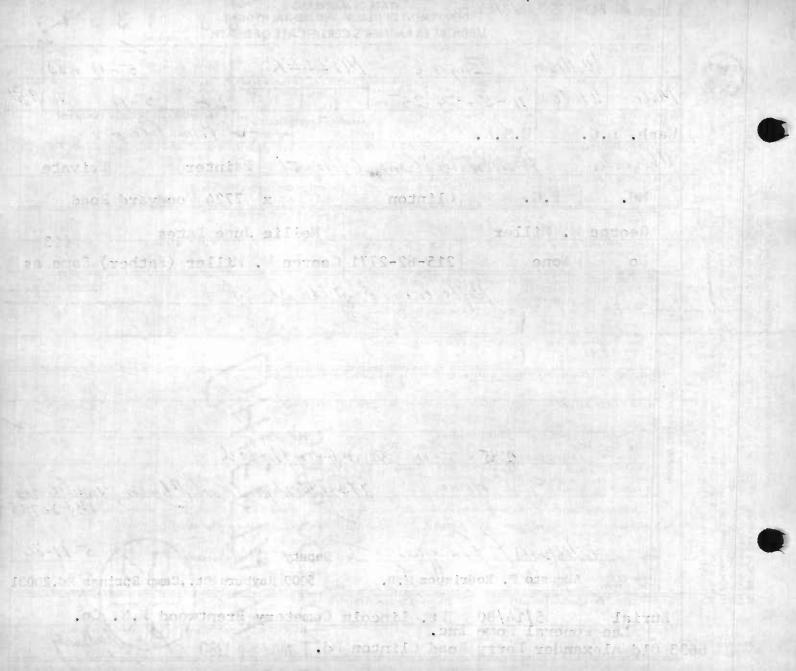
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Everly Wheatley Hexandria, 14

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN YEAR (TYPE OR PRINT) ESTI-S. DEATH MATED DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 2d. HOUR DATE PRONOUNCED O OPEAD 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland WIDOWED DIVORCED USA 10. CITY OR TOWN OF DEATH I MAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK NOT IN SUCH EXCILITY, GIVE STREET ADDRES OR INDUST POLICE Police Officer U.S. Cap. 13e STREET ADDRESS 30. STATE 13b. COUNTY Md. PG 1911 Overton Drive Forestville 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Sharon Juanita Eleanor Chester Miller 17. INFORMANT Above (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-22-2890 Madeline R. Miller, Wife, Yes W.W.II Same as 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES . NO [21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH TIE. PLACE OF INJURY (AT HOME, II. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I taak charge of the remain. Inspection and in my apinian **Homicide** Undetermined manner death resulted fram: TITLE (SPECIFY) R DEATH, V Deputy MEDICAL EXAMINER EXAMINER'S NAME Abgusto P. Rodriguez M.D. ADDRESS 5009 Rayburn Ct., Camp Springs, Md. 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY STATE Burial 5-26-80 Md. Veterans Cem. Cheltenham, P.G., 24. FUNERAL DIRECTOR Robt E Wilhelm 250. DATE REC'D. BY REGISTRAR 4308 Suitland **DHMH - 17** (VR A15 ME (5)) Ŏ Funeral Home Rd., Suitland, Md. 15M 7/76

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9			REGISTRAR		DICAL EXAMIN				REG. NO.		
	· Com		CEASED NAME WILLIAM	n E	MIDDLE CHANGE	141	ILLER	OF	NOWN MONTH	DAY YEAR 26	. HOUR
		M	ale White	5. DATE OF BIRTH	YEAR LAST BIRTHE		DER 1 YR. IF UNDER	24 HRS. 2c. DATE PRONOUNCE	MONTH 5-11		HOUR
	NECESSA FOR YOUTHIN	FO	RTHPLACE (STATE OR REIGN COUNTRY)		IAT COUNTRY?	MARRII	ED NEVER MARRIE	9. BALTIMO	RECITY OR COUNT	Y OF DEATH	MD.
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21201	URS AFTER DEATH, IF ANY DEL. 8. GIVE PAGES 1, 2, AND 3 TO WITH FORM PM 3. RETAINE PAGES 1 AND 2 SHOULD BE DIVISION OF WITH RECORDS,	130. S	Md. P.	OR OTHER INSTITUTION, GIV ITY G •	RESIDENCE BEFORE ADMISS 136 CITY OR TOWN Clinton	ION)	13d. INSIDE CITY LIMITS? YES NO 🛣	13e. STREET ADDRESS 7724 W.			
, MD.	PM 3 PM 3 ND 2 S 1, 2	14. FA	THER'S NAME George W. M	MIDDLE 1110x	LAST		15. MOTHER'S MAIDE	June Pat		LAST	
ORE	FTER DE FORM FORM ON OF	16s. V	AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURIT	Y NO.	17. INFORMANT	June rai	ADDRESS	#13	
ALTIM	URS AFTE B. GIVE P. WITH FO PAGES DIVISION	(4)	No Non		215-62-2	771	George W	. Miller	(Father) Same a	as_
ST., B	HOUR NG W WAT. P		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	ily one cause per live D BY: TE CAUSE (al	far (a), (b), and (c).)	0	The che	st		APPROXIMATE INTE	ERVAL ID DEATH
TON	SE S		7552		AS A CONSEQUENCE	OF					
8	JTED WITHIN IN PENCIL IN EXAMINER A INTERNATION INTERNATION MENTAL HYOOR REMOVAL		Conditions, if any, which gave rise to immediate								
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DIVISION		MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE C	ORY, FARM, ETC.)	711.100	ATION /	CITY OR TOWN	(00 cou	37	STATE
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	O ME XECUT AGE O FUI ALTIM	22.00	EXAMINER'S NAME ALEUS				ADDRESS Ra		Camp Spri	ngs Md.20	0031
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	DHMH · 17	24 FI	NERAL PRECORF uner	al Home	Inc.		25s. DATE R	EC'D. BY REGISTRAR			nest e
	15M7/77 663	3	01d Alexande	r Ferry	Road Clir	ton	Md. MAY	2 0 1980	brospodie	- Chiban	d:



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		FOR STATE	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HY NINER'S CERTIFICATE OI		601
		REGISTRAR FIRST	MEDICAL EXAM	LAST	KEO. ITO:	
	(TYP	PATR		MOORE	20. DATE KNOWN A MONTH OF ESTI- DEATH MATED 5	1 1980 25. HO
	fe fe	male white	5. Date of Birth Mar. 14 1951 25	IN YEARS IF UNDER 1 YR. IF UNDER 2 RTHDAY) MONTHS DAYS HOURS YRS.	4 HRS. 26 DATE MONTH PRONOUNCED DEAD 5	1 80 p
		RTHPLACE (STATE OR SPINIOUNTRY) D.	76 CITIZEN OF WHAT COUNTRY? C. U. S. A.	MARRIED NEVER MARRIE	9. BALTIMORE CITY OR COUN	TY OF DEATH
4		ty or town of DEATH Cheverly	II. NAME OF HOSPITAL, NURSING H (14 NOT IN SUCHFACILITY, GIVE STREET ADDR Prince George's Ge	OME, OR OTHER INSTITUTION ESS). Hosp. (DOA)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Secretary H F.	126. KIND OF BUSINESS OR INDUSTRY
35	130. S Ma	ryland. Prin		Park YES A NO .	13e STREET ADDRESS 714 Auburn Ave	
7	J	ohn E. Moore	MIDDLE LAST	15. MOTHER'S MAIDEN Margaret	B. Burke.	LAST
	16a. W	AS DECEASED EVER IN U.S. AF	RMED FORCES? 213-58-		B. Moore. 13 e	
	NO	Conditions, If any, which gave rise to immediate couse (o) stating the under lying cause last. PART 2 OTHER SIGNIFICANT CONDITION	te (b)		1 (a).	
	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH (PERATION WAS PERFORMED?	TEUMERAN	20. AUTOPSY?
3	MEDICAL CER	710. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	F DEATH P.M. 19	YEAR	LENTER NATURE OF INJURY IN ITEM 18 PART † OR PA	ART 2)
	MED	216. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HON STREET, FACTORY, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN CO	DUNTY STATE
6.0	ia.	death resulted from: Natural SIGNATURE	rge af the remains described above, held woolcouses X , Accident \square , and M. Dixon, M.D.	on Autopsy X, Inspection Suicide . Homicide . TITLE (SPECIFY) M.D. ASSISTANT	Undetermined monner , MEDICAL EXAMINER SIGNI	
	Bu	URIAL, CREMATION, REMOVAL PECIFY)	May 5. 1980 Mt.	CEMETERY OR CREMATORY Olivet.	Mashington, D.	C.
17 E(5))	74. FL	NAME Arthur Walt	oma Funeral Home	I St. N. W. MAY	EC'D. BY REGISTRAR 256. REGISTRAR'S S	SIGNATURE // Clrasely

Male Assets of the description N.CO I STATE OF Manager Carachaman Company of the Co Tonn L. Moore. 210-Steffeld Terrences D. Moore. 11 e Let J. Letinur-Valleore. 254 Carroll Ct. II. di. Sall epicif

	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 1 5 0 0 0 CERTIFICATE OF DEATH REG. NO.						
8 7 E		CEASED NAME Helen	Florence	Morrison	24 DATE OF DEATH MONTH	06 80 6:10A M			
E 88	3 SE	Х	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
A ALAMA		Female	Caucasian	03 29 92	88 YE	MONTHS DAYS HOURS MIN			
	7e. B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COU	NTY OF DEATH			
图 图 图	Wa	shington DC	USA	WIDOWED DIVORCED	Prince Georges	MD.			
or after of within		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET Southern Mary		12R USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN HOUSEWIFE	126 KIND OF BUSINESS OR			
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tes that the death cert. ed by the attending ph. sase remove carbon pa. ial, cremation, or rem. ry, or other traumatic.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	Pirlimonary at ince of . ince of .	rest.				
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0 5 2 9 9 4		22b. SIGNATURE	Euno	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	120 DATE SIGNED 5, 680 .			
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STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTOR	(ICIAN: The law requires that the death sician. ratificate has been signed by the attendiransity permit. Then please remove carb all Hygiene prior to burial, cremation, or	Item 18 shows any injury, or other traur	L CERTIFICATION	Conditions, if ony, we gove rise to immediate to stating underlying cause PART 2 OTHER SIGNIF 19a DATE OF OPERATIO 21a. ACCIDENT WAS UNDERLOW OR CONTRIBUTING CAU	hich liote the DUE TO, lost. (c) CANT CONDITIONS N 196 CON TIME TIME	OR AS A COLOR OF INJURY	llitus	NOT RELATED TO THE T	700 AUTOPSY	20b. IF YI	ES, WERE FIND II IFYING CAUSES YES [NGS USED
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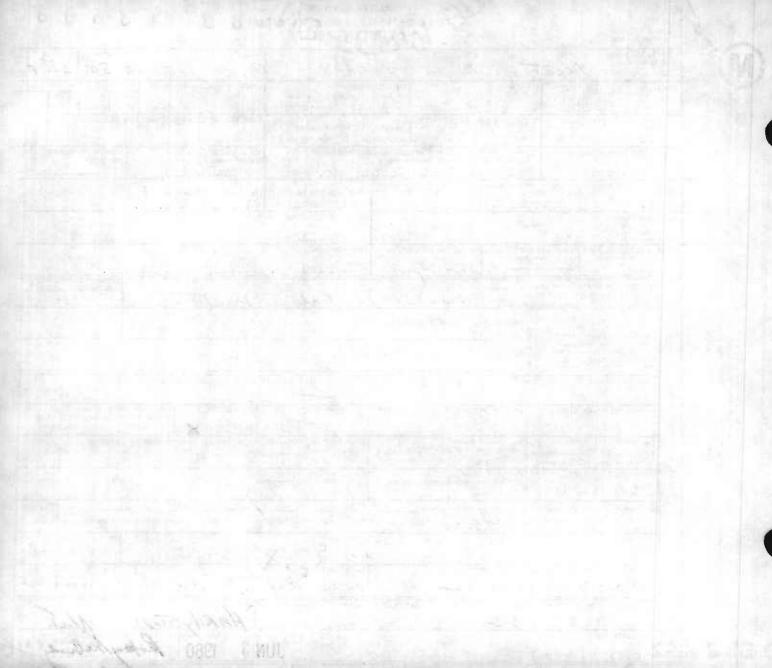
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



	FOR STATE REGISTRAR		DEPARTA		EALTH AND MI		IENE 8 0	NO.	3 6	, 0	9
	DECEASED NAME FIRST	M)	DOLE	L	A51		2R DATE OF DEATH	MONTH (DAY YEA	2b. H	OUR A
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3	SEX	4 RACE		5 DATE C			6. AGE (IN YEARS LAST I	IRTHDAY]	IF UNDER 1 Y		IDER 24 HRS
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70	BIRTHPLACE (STATE OR FOREIGN / COUNTRY)	16 CITIZEN OF W	HAT COUNTRY?	8	D NEVER MA	BBIED [1 BALTIMORE CITY	OR COUNTY	OF DEATH	4	
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es .	CITY OR TOWN OF DEATH		OSPITAL, NURSIN FACILITY, GME STREET A Dale Hos			NOITU	126 USUAL OCCUPA (TYPE OF WORK FOR MOS Unknown		EI INDUST	of Bus Ry nknov	
7. 7	SUAL RESIDENCE IN NURSING HOME CON IR STATE NO 130 COU	NOTHER INSTITUTION, O	INE RESIDENCE BEFORE	ADMISSION]	134 INSIDE CIT	Y LIMITS?	13R STREET ADDRES No fixed	addres	s		
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9 16	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMAN			RESS			
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2	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR b) DUE TO, OR CONDITIONS COI		NCE OF	NOT RELATED T	pasa1		noma 20b. IF YES IN CERTIF	EN IN PAR	NDINGS U	
	OR CONTRACTOR TO CAUSE OF DE	ATH HOUR A.M	MONTH DA		21c. HOW INJU	JRY OCCURR	RED (ENTER NATURE OF IN				, ,
	(IF EITHER, NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21R PLACE O		ARM, ETC.)	211 LOCATION		CITY OR I	OWN	COUNTY		STATE
	22R I certify that (K) (this hasp sow the deceased alive a above. (K) (we) (did) (400)					19 <u>79</u> iur) opinion (to May 2 death occurred on the	date and hou	r and from	, ,,,,,,	(we) los
	220. SIGNATURE	Furlly,			DEGREE AT PH	TENDING TYSICIAN	MEDICAL ST DIRECTOR PHY	AFF SICIAN [y 22,	
1	James W.	Wills, M.	D.		22n ADDRESS	Gle Gle	nn Dale Ho		d 2	0769	
23	BURIAL, CREMATION, REMOVA (SPECIFY) Removal	0 70	UA IN IS	TATU	METPRY OF CR	BUAR	Howard	111111111111111111111111111111111111111	COUNTY	Wash	STATE D.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. Pawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH-16 25M (VRA 15, 4) 1/79

4 FUNERAL DIRECTOR 19th Street & Massachusetts Avenue, S.E.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN AMONTH (TYPE OR PRINT) OF ESTI-**PACHEO** WILLIAM J. 19 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE OF BIRTH DATE PRONOUNCED 33 YRS 24 47 Caucasian 02 MALE DEAD 10:15 08 80 Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Prince Georges U.S.A. WIDOWED & DIVORCED ashington DC 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Construction Clinton Southern Maryland Hospital Center esidential USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTIO. VE RESIDENCE BEFORE ADMISSIONS Palm Beach 13e STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Lake Worth YES T NO □6990 State Rd 7 Florida 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME AND MIDDLE Austin L. Pacheo Sr. Betty Tacy 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. 17. INFORMANT 610100 Chris Mar Drive (YES. NO DRUNKNOWN) 216-50-8920 res ietnam Pacheo Austin Clinton, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E DEPARTMENT OF PRIOR TO BURIAL, O YES NO A 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR AM MONTH DAY POR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME. 21f. LOCATION STREET FACTORY, FARM, ETC. WHILE AT WORK me 220. I certify that I took charge of the remains described above, held on death resulted fram: Natural causes Hamicide Undetermined monner TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA Mr. Deputy MEDICALEXAMINER SIGNED EXAMINER'S NAME ADDRESS 5009 Rayburn Ct., Camp Springs. Md. Wugusto P. Rodriguez M.D. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION May10,1980 Wash. Nat'1. Cem. Suitland P.G.Md BP. Lee Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 25 SIGNATURE. **DHMH-17** (VR A15 ME (5)) Old Alexander Ferry Rd. Clinton, Mdw 15M 7/77

Southern outland the train to the resident training to the same of the continue of the continu This prest of the state of the To the state of th . Bit . model 1 . o vilger . 3 rettyr . Occe-15 - fot . . hemod IV . . 201 Local Teachers and Columbia, and the Columbia of the Columbia

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME O DATE KNOWN AMONTH (TYPE OR PRINT) LUSSO DEATH MATED DATE OF BIRTH UNDER 24 HRS DATE YEAR PRONOUNCED 2-10-16 DEAD 7b. CITIZEN OF WHAT COUNTRY? 9/BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia USA WIDOWED [DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. HSOAT COUNTENTION (TYPE OF WORK 12b. KIND OF BUSINESS US Govit Meatcutter Ret. 13n STATE 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Geo's Hvattsville YES X NO 1413 Ray Road Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST EIRST Delaho Packett Ella Emory 16b. SOCIAL SECURITY NO. 17 INFORMANT Russell E. Packett Jr. New Carrollton 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579-10-9143 No Maryland 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). IFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO IX E DEPARTMENT 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my opinian Natural causes Accident death resulted from Suicide Homicide ___ Undetermined manner TITLE (SPECIFY) TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, MA SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME 5009 Rayburn Ct., Camp Springs, Md. Augusto P. Rodriguez M.D. TYPE OR PRINT) ADDRESS 23d. LOCATION 230 BURIAL CREMATION REMOVAL 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY Warsaw Richmond Va. Burial 5/4/80 Warsaw Bapt. Ch Cem BP 24. FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR . REGISTRA 'S SY NATURE **DHMH-17** Francis Gasch's Sons, PA Hyattsville, Md. 1980 (VR A15 ME (5)) 15M 7/77

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME a DATE KNOWN LTYPE OR PRINTI OF ESTI-1710 19 4 RACE 6. AGE (IN YEARS DATE OF BIRTH IF UNDER 24 HRS LAST BIRTHDAY) YEAR WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Virginia U.S.A. WIDOWED DIVORCED D CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS ION (TYPE OF WORK F NOT IN SUCH FAMILITY, GIVE STREET ADDRESS OST OF WORKING LIFE). Housewife OR INDUSTRY Own Home USUAL RESIDENCE LIF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Edmons ton 13a. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. 5102 Crittenden Street YES DO NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Morris Maurice Ida Haley Ryan Lee 17. INFORMANT 16b. SOCIAL SECURITY NO Address Same as (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 215-62-5283 Beverly J. Jackson No# 13e. 18. CAUSE OF DEATH (Enter only one cause per life for (a), (b), and (c), Cerdio Vascular druge BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, If any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E DEPARTMENT OF I YES NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21 e. PLACE OF INJURY (ATHOME. II. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinion TO MEDICAL EXAMINER:
EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FOR
TO FUNERAL DIRECTOR:
AFFER DEATH, WITH THE
BATTIMORE, MARYLAND, 2 Inspection death resulted fram: Hamicide Undetermined manner Natural causes EXAMINER'S NA TYPE OR PRINT 23b. DATE Warrenton Cemetery 5-8-80 Warrenton.Fauguier 250. DATE REC'D. BY REGISTRAR **DHMH-17** F. Gasch's Sons F.H. P.A. Hyatts. Md. (VR A15 ME (5)) 15M 7/76

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	1.	STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH					1 4
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. 6	3 SE	FEMALE	4 RACE WHITE	S DATE	OF BIRTH NE 12 ^{AY} , 19 ⁴³	6 AGE IN YEARS LAST		IF UNDER I YEAR	HOURS MIN
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STATE OF MARYLAND

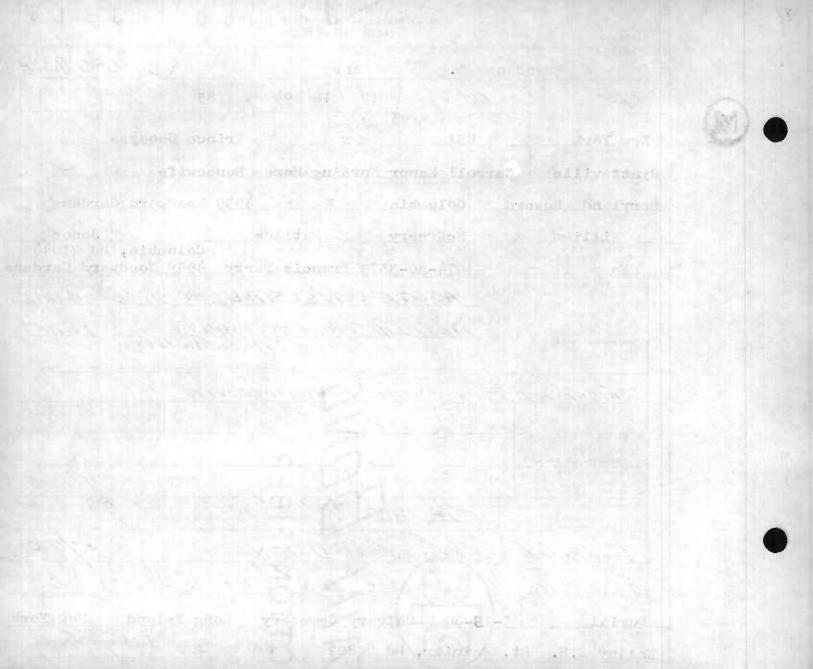
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STATE OF MARYLAND



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- STATE REGISTRAR				CERTIF	ICATE OF DEATH	RE	G. NO.	0 0	
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Byrl D. Johnson, M.D.

4404 Queensbury Rd., Riverdale, Md.

ETERY OR CREMATORY

Mem. Cem. | 134 LOCATION CITY OR LOWN

Highand Park, Md. 20840

230 BURIAL, CREMATION, REMOVAL 236. DATE Burial 5-23-80 231 NAME OF CEMETERY OR CREMATORY Harmony Mem.

STATE

DHMH-16 25M (VRA 15, 4) 1/79

24 FUNERAL DIRECTOR

H. S. WASHINGTON + SONS 4925 BURROUGHS AVE. N. E. MAY 2 6 1980

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	that (1) (we)
saw the deceased alive an	
obove, (1) (we) (did) (did not) view the body ofter death.	
	SIGNED
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	1.80
The Mark of the Company of the Compa	
Trial Bergemann Greenbelt Proffessional Bldg. Greenbelt Proffessi	anhal+
236 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 236 LOCATION	enoer c
(SECIETY)	STATE
EXECUTE Cremation May 1, 1980 Cedar Hill Crematory Suitland, P.G. Co., 1	Vararlor
H-16 25M PAGE ADDRESS 250, DATE REC'D. BY REGISTRAR 25h RE	THOUL Y PLOUL
(15, 4) 1/79 Chambers Funeral Home Riverdale, Maryland	LCIRCLE Y LOUI

Stanton u. Southern Mark Cot No mark una Modern et 1979 Herry and Market Street Michigan College Colle Chemica All Company Company Company Company of the injury, or other traumatic event, the

and Mental Hygiene prior to burial, cremation, ar rema

IMPORTANT: If them 21 is marked or them 18 shaws any

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7	5	-	

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.					
1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST ME -	20. DATE OF DEATH MONT	28 1100K				
HEIE	V	RICKER	5	24 80 8:55 Pm				
3 SEX	1 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
Female	Caucasian	18 31 1900	79 YRS. MONTHS DAYS HOURS MIN					
70 BIRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY	? 8 MARRIED □ NEVER MARRIED □	9 BALTIMORE CITY OR CO	UNTY OF DEATH				
Wash. D.C.	U.S.A.	WIDOWED DIVORCED	Prince Geo	rge MD.				
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR				
Largo	Manor Care N	ursing Home	Te lephone	Oper. U.S. Gov,				
USUAL RESIDENCE (IF NURSING HOME OF 136 STATE	INTY 130 CITY OR TO	NN 13d INSIDE CITY LIMITS?	13. STREET ADDRESS	ater Parkway				
14 FATHER'S NAME	Aemore Churc	15 MOTHER'S MAIDEN NA		ater Farkway				
FIRST	rnest Donald		Hortense	Martin				
160 WAS DECEASED EVER IN U.S. AI			ADDRESS	Marcin				
	VE WAR OR DATECT	1-0042 Helen R.		e as # 13				
			darring sam	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUS		WYASCUAN ACCI	neni	1 Week				
2 2 9	ATE CAUSE (a) CB103///		1,01-1	Iweer				
Conditions, if ony, which	DUE TO, OR AS A CONSEOU	MUN IN		2 WOOK				
gove rise to immediate cause (a), stating the	10/							
underlying cause last	DUE TO, OR AS A CONSEOL	LINSONS DIS	WASE	25 YEARS				
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITIO	N GIVEN IN PART 1(a)				
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING								
NO DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?				
RITE			YES NO	YES NO				
	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2]				
(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19						
21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE				
AT WORK		SISOT 1928 10 76	34 M3/ 3 E					
saw the deceased alive or		(3)	death accurred on the date of	nd hour and from the causes stated				
22b. SIGNATURE	ot) view the body ofter death.	DEGREE	7	22c. DATE SIGNED				
Mull	1. Meade	MD ATTENDING PHYSICIAN	MEDICAL STAFF	5-25-80				
22d. PHYSICIAN'S NAME (TYPE	Market Co. Co.	22e ADDRESS	desidential					
Neil A. Mea	ide							

BP. DHMH-16 50M 7/77 (VR A 15 (4)) 230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

23c NAME OF CEMETERY OR CREMATORY National

23d. LOCATION
CITY OF TOWN

Pr. Geo. Md.

30

3 6

May 28, 1980 Wash. Na

14 FUNERAL DIRECTORBEALL FUNERAL HOME

16,000 Annapolis Rd. Bowie, Md.

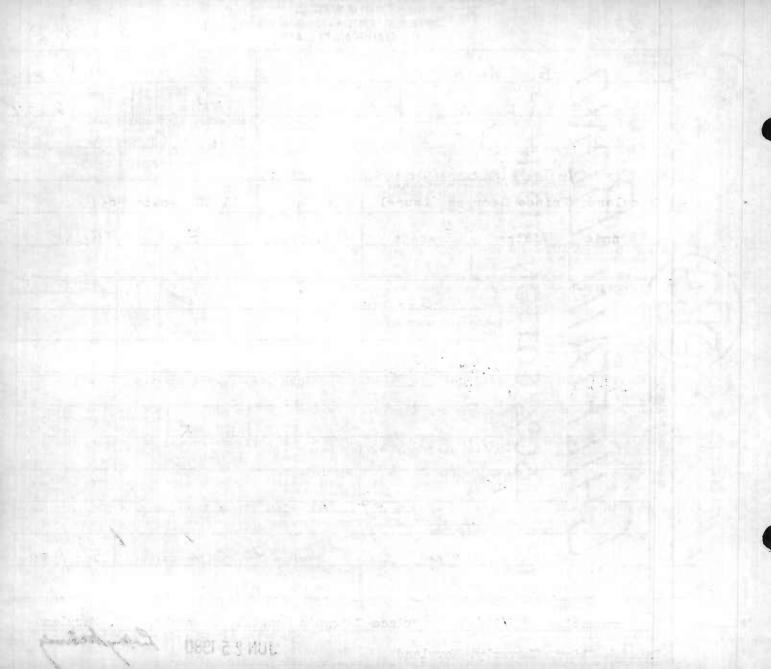
23b. DATE

250. DATE BEO'D BY RE CUSHAP 256. REGISTRAR'S SIGNATURE

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		8 31 1900		
3010	Prince Geo	X		Wash. D.C.
		rsing Home		
vater Parkway	57018roacw	ton	Church	. hM
Martin	Hortense	on Emily	nest Consids	Richard Er
ne 25 / 13	Gailing Sam	-0042 Helen R.	577-01	o V
0 25 12		-40		
			9	Neil A. Meac
Pr. Geo. Nr.	Suitland		May 28,1980 W Funeral Home apolis # . Bow	11558

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	- STATE REGISTRAR		DEF	CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	0 0	13	6 3 2
	DECEASED NAME	FIRST	MIDDLE	L	AST	REG. No 2a. DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
£)	YPE OR PRINT)	Baby	Male	Ro	0.50		May 21	1980 1 201
3	SEX	4 RA	CE	5. DATE C		6 AGE (IN YEARS LAST BIRT		NDER 1 YEAR IF UNDER 24 HE
	Male	I	Black	MONTH 5	21 80	NB.	YRS.	this days hours min
70.	BIRTHPLACE (STATE O	R FOREIGN 76 C	ITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY O		DEATH
2011	Marylan	And the second	115,	WIDOWE	D DIVORCED	Prince	Geor	aes i
7 / 10.	CITY OR JOWN OF D	EATH 11. I	NAME OF HOSPITAL, N IF NOT IN SUCH FACILITY, GIVE	URSING HOME C STREET ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATI		126 KIND OF BUSINESS C
2/4 (never	VIT	ince Ge	Draes !	Gen. Hosp.			
W 7 130	Maryland	(13b. COUNTY	Georges I	TOWN Laurel	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	Bowie R	oad
2/114	FATHER'S NAME	WIGGLE	, LAS	T	15. MOTHER'S MAIDEN NAM	AE MIDDLE	6-19-19-1	LAST
9)	Ronnie	Victo	or Eve	rett	Carolyn	E,		Ross
medical medical	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR O		SECURITY NO.	17. INFORMANT	ADDRE	SS	
0 / =	18 CAUSE OF DEA	ATH (Enter anly one	e cause per line far (a), (b), and (c),)			1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
event, th	PART I. DEATH	WAS CAUSED BY:		Immatu	rity.		1-6	BETWEEN ONSET AND DEAT
	7151		DUE TO, OR AS A CONS	200 100	0			
troum	Canditians, if a	ny, which	(b)					
her t	gave rise to in cause (a), sta	ting the	DUE TO, OR AS A CONS	SEQUENCE OF				
0 0	underlying cau		(c)					
		SNIFICANT COND	ITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	NAI DISEASE OF CONI	DITION GIVEN I	IN PART I(a)
No No	PART 2. OTHER SIG					MAL DISEASE ON COM		
ony injury,	PART 2. OTHER SIGNATE OF OPER		96 CONDITION FOR W	HICH OPERATION		20a AUTOPSY?	20b. IF YES, WE	ERE FINDINGS USED
TIFICATION	PART 2. OTHER SIGNATE OF OPER			HICH OPERATION			20b. IF YES, WE	G CAUSES OF DEATH?
CERTIFIC	190. DATE OF OPER	RATION I	196 CONDITION FOR W			20a AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	G CAUSES OF DEATH?
	190. DATE OF OPER	INDERLYING 2 CAUSE OF DEATH DICAL EXAMINER)	% CONDITION FOR W		N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	G CAUSES OF DEATH?
EDICAL	210. DATE OF OPER 210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MEE 210. IN JURY OCCU	INDERLYING 2 CAUSE OF DEATH DICAL EXAMINER) 22	196 CONDITION FOR W 16 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES THE 18, PART 1	G CAUSES OF DEATH?
or frem	190. DATE OF OPER 210. ACCIDENT WAS U OR CONTRIBUTING (# EITHER, NOTIFY MED 21d. INJURY OCCU WHILE NOT	INDERLYING TO AUTOMOTE TO THE PROPERTY OF THE	196 CONDITION FOR W 166 TIME OF INJURY HOUR A.M. MONTH P.M. 16. PLACE OF INJURY AT HOME, STREET, FACTORY, O	DAY YEAR 19 FFICE, FARM, ETC.)	N WAS PERFORMED 216. HOW INJURY OCCURR 211. LOCATION STREET	200. AUTÓPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES THE 18, PART 1	G CAUSES OF DEATH? NO OR PART 2)
is morked or frem	190. DATE OF OPER 210. ACCIDENT WAS U OR CONTRIBUTING (# EITHER, NOTIFY MEE 210. INJURY OCCU WHILE NOT AT WORK AT WORK 220 Certify that	INDERLYING TO CAUSE OF DEATH DICAL EXAMINER) IRRED TO CAUSE OF DEATH	96 CONDITION FOR W 16 TIME OF INJURY HOUR A.M. MONTH P.M. 16 PLACE OF INJURY AT HOME, STREET, FACTORY, O	DAY YEAR 19 FFICE, FARM, ETC.)	216. HOW INJURY OCCURR 211 LOCATION STREET H 5/2 , 19-80	200. AUTÓPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES VIN ITEM 18, PART 1	G CAUSES OF DEATH? NO OR PART 2) COUNTY STATE
ZI is morked or frem	210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MEE 21d. INJURY OCCU WHILE NOT AT WORK AT V 220 1 certify that saw the deced	INDERLYING 2 2 CAUSE OF DEATH DICALEXAMINER) IRRED 2 (WHILE (I) (this haspital) or osed alive an	196 CONDITION FOR W 166 TIME OF INJURY HOUR A.M. MONTH P.M. 16. PLACE OF INJURY AT HOME, STREET, FACTORY, O	DAY YEAR 19 FFICE, FARM, ETC.) rom 1 30 F	211 LOCATION STREET 19 80 d that in (my) (our) apinian d	200. AUTÓPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES VIN ITEM 18, PART 1	G CAUSES OF DEATH? NO OR PART 2) COUNTY STATE COUNTY STATE
If them 21 is marked or them	210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MED WHILE ATWORK ATWORK 270 Certify that saw the dece above, (1) (we) 27b. SIGNATURE	INDERLYING 2 2 CAUSE OF DEATH DICAL EXAMINER) IRRED 2 CHAPTER (I) (this haspital) or oped alive an (did) (did not) view	196 CONDITION FOR W 116 TIME OF INJURY HOUR A.M. MONTH P.M. 14. PLACE OF INJURY AT HOME, STREET, FACTORY, O	DAY YEAR 19 FFICE, FARM, ETC.) rom 1 30 F	211 LOCATION STREET 211 LOCATION STREET 4 5/2 , 19 80 d that in (my) (our) apinian d	200 AUTOPSY? YES NOW CITY OR TOW 10 4 130 FH leath occurred on the do	20b. IF YES, WE IN CERTIFYING YES THE TEM 18, PART 1	G CAUSES OF DEATH? NO OR PART 2) COUNTY STATE
If them 21 is marked or them 1	210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MED AT 210. IN JURY OCCU WHILE WHILE AT 220 I certify that sow the decet above, (1) (we) 22b. SIGNATURE	INDERLYING 2 2 CAUSE OF DEATH DICALEXAMINER) IRRED 2 (WHILE (I) (this haspital) or open of the country of th	196 CONDITION FOR W 116 TIME OF INJURY HOUR A.M. MONTH P.M. 14. PLACE OF INJURY AT HOME, STREET, FACTORY, o thended the deceased f 121 v the body after death.	DAY YEAR 19 FFICE, FARM, ETC.) rom 1 30 F	21c. HOW INJURY OCCURR 21L LOCATION STREET 4 5/2 , 19 80 d that in (my) (our) apinian d DEGREE ATTENDING PHYSICIAN	200. AUTÓPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES THE TEM 18, PART 1	G CAUSES OF DEATH? NO OR PART 2) COUNTY STATE COUNTY STATE
If Nem 21 is marked or frem MEDICAL	210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MED AT 210. IN JURY OCCU WHILE WHILE AT 220 I certify that sow the decet above, (1) (we) 22b. SIGNATURE	INDERLYING 2 2 CONTRIBUTION 2 CONTRI	196 CONDITION FOR W 196 TIME OF INJURY HOUR A.M. MONTH P.M. 19. PLACE OF INJURY AT HOME, STREET, FACTORY, O ttended the deceased f 121 the bady after death.	DAY YEAR 19 FFICE, FARM, ETC.) FOR 1.30 FOR 1.30 FOR 1.50	211 LOCATION STREET 211 LOCATION STREET 4 5/2 , 19 80 d that in (my) (our) apinian d	YES NO NOTION NO	20b. IF YES, WE IN CERTIFYING YES THE TEM 18, PART 1	G CAUSES OF DEATH? NO OR PART 2) COUNTY STATE COUNTY STATE
MPORTANT: If them 21 is morked or them 1	210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCU WHILE ATWORK ATWORK ATWORK 220 I certify that saw the decer above, (I) (we) 22b. SIGNATURE 22d. PHYSICIAN'S I	INDERLYING 2 CAUSE OF DEATH INCAL EXAMINER) IRRED 2 WHILE (1) (this haspital) or osed alive an osed alive an	196 CONDITION FOR W 116 TIME OF INJURY HOUR A.M. MONTH P.M. 116 PLACE OF INJURY AT HOME. STREET, FACTORY, O thended the deceased f 1/21 v the bady after death.	DAY YEAR 19 FFICE, FARM, ETC.) YOM 1.30 F. 19 0.00	211 LOCATION STREET 211 LOCATION STREET 212 LOCATION STREET 214 LOCATION STREET 215 LOCATION STREET 216 ATTENDING PHYSICIAN 226 ADDRESS	YES NO NOTION NO	20b. IF YES, WE IN CERTIFYING YES	G CAUSES OF DEATH? NO OR PART 2) COUNTY STATE Do that (1) (we) to defrom the causes stated
IMPORTANT: If Hem 21 is morked or Hem 1	210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MEE 21d. INJURY OCCU WHILE NOT AT WORK NOTIFY MEE 220. I certify that saw the decet above, (I) (we) 22b. SIGNATURE	INDERLYING 2 CAUSE OF DEATH CAUSE	196 CONDITION FOR W 116 TIME OF INJURY HOUR A.M. MONTH P.M. 116 PLACE OF INJURY AT HOME, STREET, FACTORY, O thended the deceased f 5/21 • the bady after death.	I DAY YEAR 19 FFICE, FARM, ETC.) TOM 1 30 F 19 00 on	216. HOW INJURY OCCURR 211 LOCATION STREET H 5/2 19 80 d that in (my) (our) apinion d DEGREE ATTENDING PHYSICIAN 226. ADDRESS METERY OR CREMATORY George's Hospi	200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES TO THE ME IS, PART 1	G CAUSES OF DEATH? NO OR PART 2) COUNTY STATE COUNTY STATE COUNTY STATE COUNTY STATE STATE MARYLAND



	A						MARYLAND			1 "2	4 3 3	
		FOR STATE			DEPARTMEN	OF HEALT	H AND MENT	AL HYGIENE	0	1 3	0 0 0	Z.F.D.
76	1	REGISTRAR		ME	DICAL EXA	MINER'S	CERTIFICAT	E OF DEA	TH REG	G. NO.		
,		CEASED NAM	E FIRST		MIDDLE		LAST	2	a. DATE KNOW		DAY YEAR	2b. HOUR
• DR. BS. FET,	(TYP	E OR PRINT)	(/yde		T.		NE	100	OF ESTI-	0 05-	18 1980	M
ABW PLEASE KORRETOR. YOUR FILES. N 72 HOURS	3. SE)	race	White	5. DATE OF BIRTH	- /LR 6. AG	E (IN YEARS IF U	INDER 1 YR. IF UN		RONOUNCED DEAD	5-/18	DAY YEAR	HOUR HOUR
ALOR YOUR STON		RTHPLACE (5	TATE OR	76 CITIZEN 204 W	HAT COUNTRY?	10		- 1	. BALTIMORE C	ITY OR COUN	TY OF DEATH	Isa. W
CESS. FOR VITHIN		REIGN COUNTRY)		***	1.7		RIED NEVER N	AARRIED U	Brine	e 7500	2612	
9 D		Virgi:		US				VORCED L	AL OCCUPATION		12b. KIND OF BU	MD.
PAGE FILE 301	0	hever	ly	PAIF NOT IN SUCHE	ACILITY, GIVE STREET AT	Lensus	HER INSTITUTION	7/	ost of working life	(TYPE OF WORK	EPOPUSTI	SA
2050	USUA	L RESIDENCE	(JEIN NURSING HOME OR	OTHER INSTITUTION, G	IVE RESIDENCE BEFORE	ADMISSION)	Lancas				Shankle	r,Co
		yland	Dr G	eorges	River		13d. INSIDE CITY LIM		ET ADDRESS			
M = 7.6.2.		THER'S NAME		cordes	INTAGL	лате		1 7 1	6 67th	. Aven	ue,	
MD. ATH.		FIRST		MIDDLE	LAST		15. MOTHER'S M	NAIDEN NAME	MIDDLE		LAST	
A A A A A		homas	D EVER IN U.S. ARMI	В.		owe	Mary 17. INFORMANT		has	BECC	Johnso	n
UNES AFTER DE B. GIVE PAGE WITH FORM DIVISION OF	106. V	ES, NO, OR UNKNO	OWN) (IF YES, GIVE W	AR OR DATES)	16b. SOCIAL SE		IV. INFORMAN	daught	er) 3	15° Har	rison A	lv.e.
ALTI S ALTI G IVE ITH VISIG		yes	WWl	.1	\$78-07	-8899	Patric	ia McM	ahon-Le	eadvil	10. Co	0
, 20		18. CAUSE O	F DEATH (Enter anly	ane cause per juy	far (a), (b), and	c).)					APPROXIMATE BETWEEN ONSE	INTERVAL AND DEATH
75 A A A A A	-	PARTIDE	ATH WAS CAUSED		tercese	leut	o Card	ed Vas	ula)	dista		AITO DEATH
PRESTON ST WITHIN 24 HC CIL IN ITEM 1 INER ALONG ANSIT PERMI MOVAL.		423	12		AS A CONSEQU	ENCE OF						
2 = Z = F <			ns, if any, which	1								
W. W. P. D. W. P.	100		se ta immediate) stating the under-	(b).	AS A CONSEQU	TANCE OF						
OI W. PRES UTED WITH N. PENCIL II N. AMALTANING N. MENTAL I. OR REMOV.	134	lying cau		DOE 10, OR	AS A CONSEQU	ENCE OF					A PRIVATE	
30 30 30 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				(c)								
S S S S S S S S S S S S S S S S S S S	Z	PART 2 OTHER SI	IGNIFICANT CONDITIONS <u>CC</u>	ONTRIBUTING TO DEATH	BUT NOT RELATED TO	HE TERMINAL OISE	ASE OR CONDITION GIVEN	IN PART 1 (a).				
ULD BE WED BE WEED BE	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED?	>			20 AUTOPSY?	
S 00 = 5 L	FIC			HI PTO								
OF VII.	E	21a EXTERNA	AL CAUSE WAS	21b. TIME O	F IN ILIDY	1214	HOW INJURY OCC	LIBBED SENTERNI	THE OF BUILDY BUT	54 10 D 101 1 OD D	YES L	NO
VISION OF V CERTIFICATE STING THE WO SED TO THE SED TO SHE SED TO		UNDERLYING	and the same of th		A MONTH DAY		10W INJURY OCC	UKKED (ENIEKN)	ATURE OF INJURY IN III	EM IS PART TORPA	NRT 2)	
SION (RTIFIC, 1G THE SHOUL) SHOUL	MEDICAL	CONTRIBUTI	NG CAUSE OF DE			19						
CERTII TING TOPAL TOPAL TOPAL	ED	21d. INJURY C	CCURRED		OF INJURY (AT H	OME. 211. L	OCATION STREET		CITY OR TOWN		UNTY	STATE
DIVIS THIS CER WRITING WARDED AAGE 3 S TATE DEF	5	WHILE AT WORK	NOT WHILE		. Ott. TARM, ETC.)	443 37	J. N. L.		CIT OR TOWN		DINIT	STATE
RWA PA STA 2120	35		Maria Artis		/							
M Y O W H		22a. I certi	fy that I taak charge	af the remains de	Scribed above, hel	dan Auto	ipsy 🔲, Insp	pectian .	Inquiry [],	and in my a	pinian	
CAMINE ERTIFICA D BE FO IRECTOR VITH THE		death result	ed fram: Natura	al causes .	Accident,	Suicide	, Hamicide L	Undeter	rmined manner	L.,		
WILL WILL			1.	-10	()		TITLE (SPECIF	EY)			2- 1	0 01
A L W		ACTUAL SIGNATURE,	Mugu	no X	rolligh	ue/	M.D. Deputy	ZMEDIC	CAL EXAMINES	DATE	5-/	1-80
WEDICAL 8 CUTE THE FE SHOULE E A SHOUL ENERAL ENERAL ENERAL ENERAL ENERAL ENERAL			(The same of the		0						
ME A A E A A E B A B A B A B A B A B A B		EXAMINER'S TYPE OR PRI	NAME August	to P. Ro	driguez l	1.D.	ADDRESS 5009	Raybur	n Ct.,Ca	amp Spr	ings Md.	20031
TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, M.	23n B		TION, REMOVAL 231	b. DATE	1230 NAME	OF CEMETERY	OR CREMATORY	23d. LOC	CATION			===
(0,0000	(3	PECIFY}	TO ME INC.					CITY O	RTOWN	nor Mor	ntgomer	v Md
BP	_	Burial	TOP	5-21-19	80 Gate	of	Heaven	Sil	PECISTRAP IN	ITY MOI	SIGNATURE	y Ma
DHMH - 17 (VR A15 ME (5))		arner	E. Pump	phrey		51	- 11	1 9 9 10	REGISTRAR 80	ISTRAK S	SIGNATURE	
15M 7/77	8	1434 G	a. Ave.	S.S.	Mallery	6UU	sore	יטו א א ווי	00	1	7	

Angusto E. Rodgigans 1.0. cm finds of medans and ... Jo and me 2000 Chip Ellin The 1 1000 Part 1

2	1-	FOR STATE		DEPARTMENT OF	HEALTH	AND MENTAL HY		3 6 3 4
		REGISTRAR CEASED NAME FIRST	/	MIDDLE	NER'S	CERTIFICATE OF	20. DATE KNOWN	
LEASE CTOR. FILES. OURS	3. SE	MENVIN	S. DATE OF BIRTH	6 AGE (INY	EARS IF UN	NDER 1 YR. IF UNDER 24	DEATH MATED	5-1.5 1980 M MONTH DAY YEAR 2d HOUR
ARY, P I DIRECTOR YOUR	1	Male White	2-24		RS.	HS DAYS HOURS A	PRONOUNCED S	7-15 180 PM
NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS W. PRESTON STREET,	FOREIGN COUNTRY) Penn.		76. CITIZEN OF WHAT COUNTRY? USA 8. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED				- VHC	ECOUNTY OF DEATH LOGES MD.
TOWN THE THE STATE OF THE STATE	C	LEVEN Ey	11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK)					
SO S		AL RESIDENCE (IF IN AURSING HOMPO TATE 13b COUNT N.Y. Unkn	ROTHER HISTIPUTION, G TY OWN	13c city or town Wiknown	(ON)	13 HISTOE CITY LIMITS? 11	3. STREET ADDRESS Unknown	
BALTIMORE, MD. 2120 GIVE, AND 2120 GIVE AND STREET PAGES PAGES WITH COMPANY SERVICE FOR STREET		ATHER'S NAME FIRST DSEPH	MIDDLE	Rowley		15. MOTHER'S MAIDEN FIRST Eva	NAME MIDDLE Stella	Trimble
WOW Z	160. V	VAS DECEASED EVER IN U.S. ARM ES. NO, OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES)	166 SOCIAL SECURI		17. INFORMANT	6321 188 5	ellow St.
MURS A WITH WITH WITH WITH WITH WITH WITH WITH		Yes WW] 18 CAUSE OF DEATH (Enter only	y one couse per bri	172-16-198 e for (a), (b), and (c).)	1	Leonard Row	ley Riverdale	, Md. 20840 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON ST 24 HG 11EM 1 CREWE		PART I DEATH WAS CAUSED	E CAUSE (d)	a be tre a		Scheiche	Carrio Va	o Cicles V desease
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- m-0148		cause (o) stating the <u>under-lying couse lost.</u> DUE TO, OR AS A CONSEQUENCE OF (c)						
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS C	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).					
ITALRE SHOULD SRO "PEI CHIEF / CHIEF / COF HE/ AL, CRE.	CERTIFICATION	196. DATE OF OPERATION	19b. COND	TION FOR WHICH OPE	RATION W	'AS PERFORMED?		20. AUTOPSY? YES □ NO 🔀
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TO PAGE	230.B	URIAL, CREMATION, REMOVAL 23	B. DATE	23c. NAME OF CE			23d. LOCATION	COUNTY STATE
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11201	RETAIN RECORD	13a. S	AL RESIDENCE (IF IN NURSING HOME O STATE 13b. COUNT TYLAND Pr.	TY 13c	idence before admission) . CITY OR TOWN Lanham	13d. INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS 6700 Terra Alta	Drive
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	TO MEDICAL EXAMINER EXECUTE THE CERTIFICATION OF FOUND BE FO TO FUNCTION OF FOUND OF	(int)	EXAMINER'S NAMEA ugust	o P. Rodrig	uez M.D.	ADDRESS Ra	yburn Ct., Camp Spi	
67	ON STATE TO	(4 MAY 80	23c NAME OF CEMETERY OF GLENWOOD, Ceme	eterv	Vashington, D.	COUNTY STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) 1980 CHARLES SASSEN 25 G. DEATH MATED 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. SEX TIE UNDER 24 HRS 24 79 UR 20. DATE PRONOUNCED 1.80 15-1964 white Dec DEAD ma le am 70 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED TO U.S.A. Prince George's County Germany DIVORCED WIDOWED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 128. KIND OF BUSINESS HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Southern Maryland Hospital Clinton School Student USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSIONS 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b. COUNTY Pr. Geo. Clinton 8209--Evelvn Maryland YEXLX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Crozier Margaret Sassen ADDRESS 8209 - Evelyn Lan 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. DIVISION (IF YES, GIVE WAR OR DATES) 88 6063 LeRoy P. Sassen None Clinton. Md. 2073 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Head injury DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION USED OF HEA 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YESXX NO [216 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING XX OR 0 19 80 Driver of motorcycle lost control CONTRIBUTING CAUSE OF DEATH 5-24 21e. PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED at the the with the tion of Danieerfiled & Convocistion Clinton on Maryland State WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Inspection and in my apinian Natural causes Hamicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 5-26-80 AFTER DEATH, SIGNATURE Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 0 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Virginia May 28.1980 Arlington Natl. Cem. Arlington, Burial ADD 6633 Old Alex: Ferry JUN 3 1980 256. DEGISTRAR'S SOLA FIL 24. FUNERAL DIRECTOR DHMH - 17 Funeral Home Inc. Rd., Clinton, VR A15 ME (5) Md. 30M 7/73

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE **GISTRAR** DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTIrucy L. DATE OF BIRTH DATE PRONOUNCED DEAD To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVERMARRIED USA DIVORCED IO. CHTY OR TOWN OF DEATH DE HOSPIFAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK None USUAL RESIDENCE W IN NURSING HOME OF THE STATE ITION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 3c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 5804 Annapolis Road Bladensburg Md. YES 🗌 NO . OKVITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Caroline Lindsay James Praylow 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** AL SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) Mrs. Dorothy A. View/daughter/1001 Owens Unk Unk Road, Oxon Hill, Md. 18 CAUSE OF DEATH (Enter only one cause pervise for (a), (b), and (c).) PART I DEATH WAS CAUSED BY wemple IMMEDIATE CAUSE DUR TO, OR AS A CONSEQUENCE O Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART & OWNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20. AUTOPSY? DEPARTMENT OF PRIOR TO BURIAL, O YES TO NO [21g EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH TIE. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC. CITY OF TOWN COUNTY WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinian Inspection OR Accident death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) PAGE 4 SHOUI TO FUNERAL 0 AFTER DEATH, V BALTIMORE, MA MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez M.D. ADDRESS 5009 Rayburn Ct., Camp Springs. Md. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Landover, Burial 5-28-80 Md. Harmony Mem. Park TRAR'S SIGNATUR 24. FUNERAL DIRECTOR So. DATE REC'D. BY REGISTRAR 256 REG John T. Rhines Co., 3015 12th St., N.E., D.C. 1980 VR A15 ME (5)) 15M 7/76

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Suitland, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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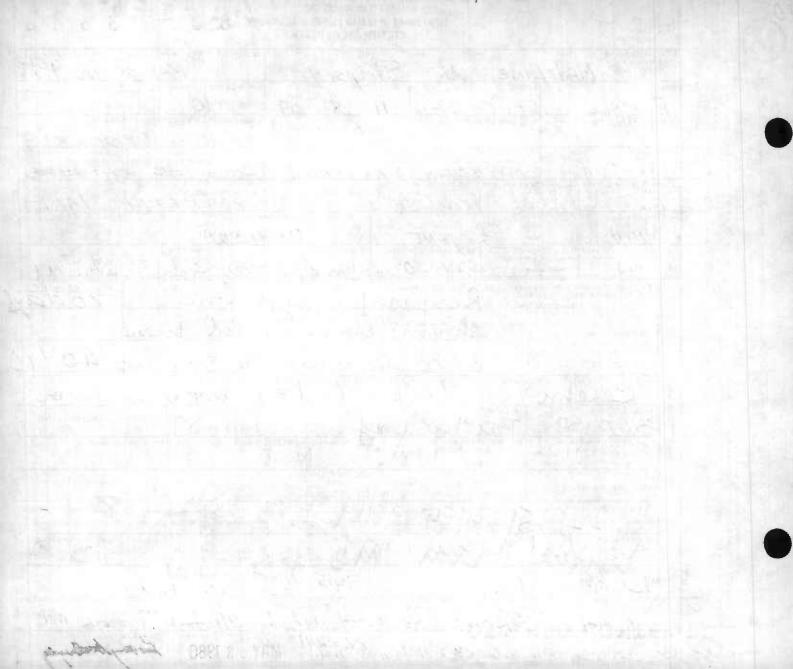
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 1. DECEASED NAME 20. DATE KNOWN X 2b. HOUR (TYPE OR PRINT) OF ESTI-1980 **JAMES** Erwin S HULTZ 15 DEATH MATED 3 SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED 1,80 male white 6/8/51 28 7 DELAY IS NEC...
3 3 TO THE FUNERAL DR.
3 10 THE F DEAD a Ta. BIRTHPLACE (STATE OR L CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. Prince George's Co. Nebraska WIDOWED [DIVORCED 18. CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Prince George's Gen. Hospital Cheverly Turbine Mechanic F.P.C.O RETAIN RECORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) SHOULD 13b. COUNTY 13c. CITY OR TOWN T3d. INSIDE CITY LIMITS? 13e STREET ADDRESS P.G. Md. Clinton Chado Ct. YES ST NO VITAL 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME GES 1. CV MIDDLE LAST Hubert A. Shultz Elisabeth Klinge FORM 8 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. PAGES (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes Viet 214-58-0281 Cynthia Rae Shultz same 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cranio-cerebral injury IMMEDIATE CAUSE (o. HYG! DUE TO, OR AS A CONSEQUENCE OF REMOVAL SED AS A BURIAL-TRANSIT HEALTH AND MENTAL HY CREMATION, OR REMOVAL Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. MEDICAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION USED OF HE 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL. YES TE NO [3 SHOULD BE DEPARTMENT 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY HOUR XXX MONTH, DAY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH 0:25P.M. 5-14-Driver of auto/fixed object collision. PAGE 3 SHC STATE DEPAR 21201 PRIOR T 21d. INJURY OCCURRED 210. PLACE OF INJURY TAT HOME 21f. LOCATION FORWARDED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) Aquasco Rd. Aquasco Prince George's Md PAGE 4 SHOULD BE FORN TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STRAITIMORE, MARYLAND, 21 X 22a. I certify that I took charge of the remains described above, held an and in my opinion death resulted frame Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 5-16-80 Assistant DATE SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION SPECIFY Cem. /19/80 Vet. Burial Cheltenham Md. Cheltenham P.G. BP 24 FUNERAL DIRECTOR Home Inc. Perry Road Clinton Md. Funeral H. Alexander **DHMH - 17** Old (VR A15 ME (5)) 30M 7/73

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Jo 16a. V. No	WAS DECEASED EVER IN U.S. ARA (YES, NO. OR UNKNOWN) OT Stated 18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o) stating the under- lying couse lost.	WED FORCES? WAR OR DATES) 166. SO 138 1438 159 OBY: TE CAUSE (0) DUE TO, OR AS A CO (b) DUE TO, OR AS A CO	8-12-8353 (b), and (c).)	Pio 17. INFORM 3 Josephic Com	la Bastian MANT ph H. Sias,	ADDRES 306	Lumar Drive
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Riverdale, Maryland

(VR A 15 (4))

Chambers Funeral Home

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

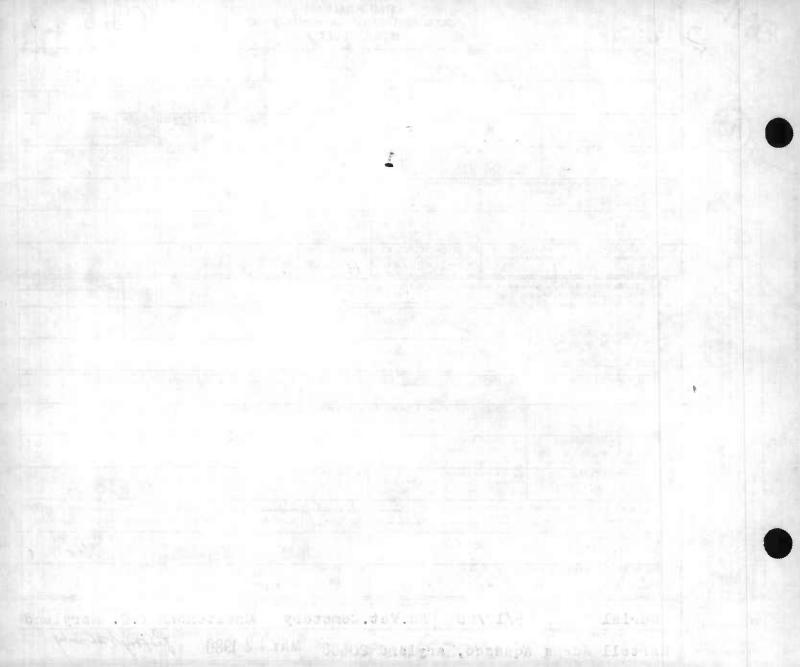
CERTIFICATE OF DEATH

FOR

- STATE

(VRA 15, 4) 1/79

REGISTRAR



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Middle Last 2a. DATE OF DEATH DECEASED-NAME First 2b. HOUR (Type or print) May 24 1980 Pay Julia Stiles C. S. DATE OF BIRTH IF UNDER 24 HRS. 3. SEX 4 RACE 6. AGE (In years **IE UNDER 1 YEAR** 93 birthday) MONTHS DAYS HOURS Jan. 3, 1887 White Female 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Pr. Geo. Co. England U.S.A. WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during mast of working life, even if retired.)

Manager INDUSTRY Corsetieer W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Cheverly Street 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN t3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES 🙀 5703 Carlyle Street P.G. Cheverly Md. 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Hempsted Stiles Elizabeth Charles 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Address Same as (Yes, po, or unknown) (If yes give war or dates of service) 387-05-8918A Josephine H. Coster No# 13e. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave? rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) DIVISION OF VITAL RECORDS, 301 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [21a. ACCIDENT WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED UNDERLYING [(Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH Month Day Year (If either, notity medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY State 21d. INJURY OCCURRED City or Town County OFFICE BUILDING, ETC. While Not while at work I certify that (I) (this haspital) attended the deceased fram ______, 1978, ta) 1978, ta) 1980, that (I) (we) last saw the deceased alive an ______, 1980, and that in (my) (aur) apinian death accurred an the date and haur and fram the 22a. I certify that (1) (this haspital) attended the deceased fram. ATTENDING causes stated above (1) (we) (did) (did hat) view the bady after death. 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS 22e. ADDRESS PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION, 23b. DATE (County) Burray (Specify) 5-27-80 Ft. Lincoln Cemetery Brentwood . P.G. Md. 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE DHMH-16 1/71 30M F. Gasch's Sons F.H. P.A. Hyatts. Md. DATE (VR A15 (4))

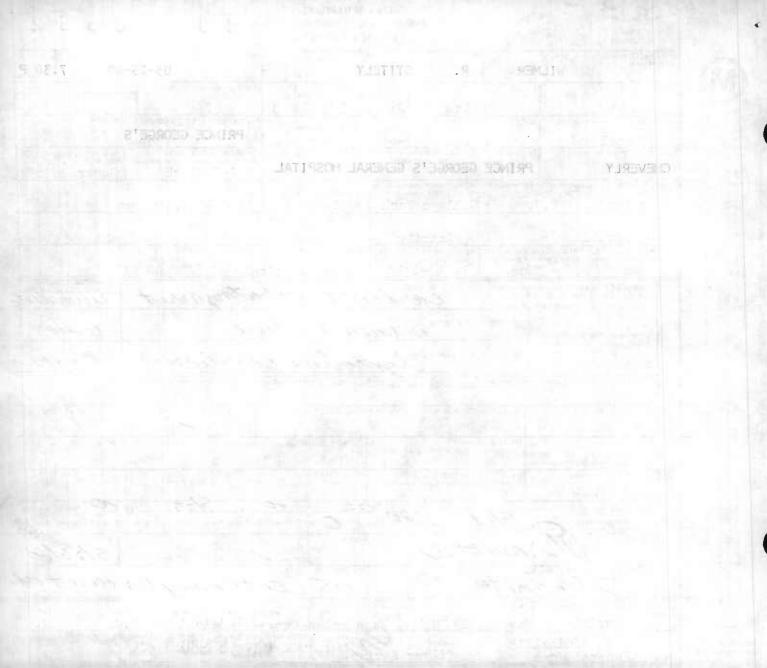
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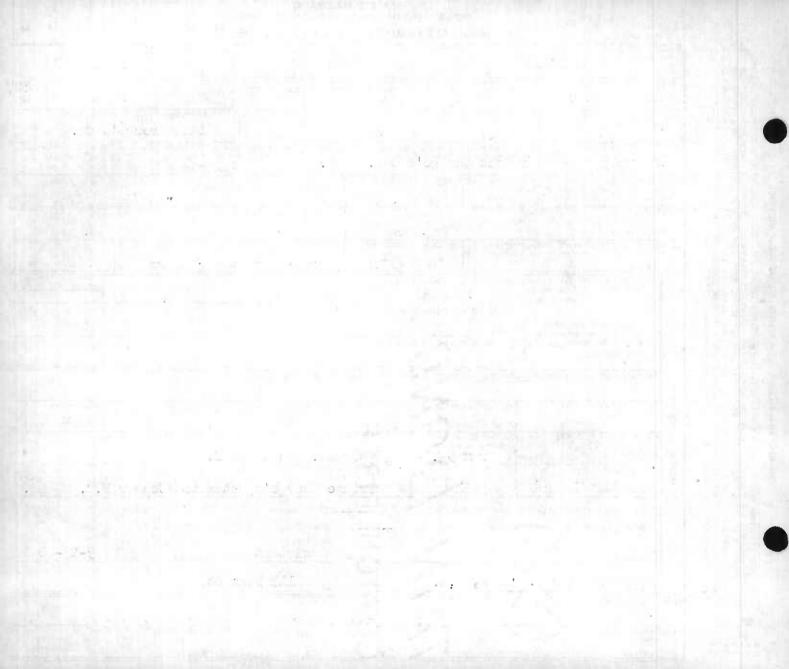
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MINDLE DECEASED NAME 2. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) 05-25-80 WILMER R. STITELY 7:30 4 RACE 5 DATE OF BIRTH 3 SEX AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR HOURS Male 10 White 1903 June 76 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED PRINCE GEORGE'S Maryland U.S.A. WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) PRINCE GEORGE SOGENERAL HOSPITAL CHEVERLY Chief Clerk Government USUAL RESIDENCE (IF HURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION! 13m STATE 136 COUNTY 13. STREET ADDRESS 113c. CITY OR TOWN 134. INSIDE CITY LIMITS? 9404 48th. Avenue P.G. College Park Maryland YES X NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Cartie Stitely Annie Lookingbill 17 INFORMANT (Wife) ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (# YES, GIVE WAR OR DATES) 577-60-2070 No Lois V. Stitely SAME AS #13 None APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse 101, stoting runtosenie arrhoris underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE 5/20 22a.1 certify that (1) (this hospital) attended the deceased from , and that in (my) (our) opinion death occurred an the date and hour and from the causes stated 22h SIGNATURE DEGREE 221 DATE SIGNED STAFF ATTENDING MEDICAL TO FUNERAL should be detac with the State PHYSICIAN PIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE ORPRINT) 22e ADDRESS IMPORT, 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236. DATE STATE (SPECIFY May 28, 1980 Geo. Washington Cem. Burial Md. Adelphi P.G. 24 FUNERAL DIRECTOR NAME Hines/Rinaldi 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNAUTURE. ADDRESS 11800 N.H. Ave. DHMH-16 25M

Silver Spring, Md.

(VRA 15, 4) 1/79

Funeral Home





W. Clarke Mattingley Leonardtown, Maryland

(VRA 15, 4) 1/79

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Oct. 13, 1895

Prince Georges Mo. U.S.A. Doctors Hospital of P.G. School Teaching

Maryland P.G. Bowie 3111 Tinger Place

Sayle 3 wic Robertson Flora ririot

----- 488-68-5386 John B. Tallman, 3111 Tinder Pl., Mc.

Cremation May 28, 1980 RAMNERMANNERMA. NUMMERMANNERMAN Robert G. Beall Funeral Home

16000 Annapolis Road, XXXXXXX Bowle, Ma.

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	E. THIS CERTII E, WRITING RWARDED T PAGE 3 SH STATE DEPAI 21201 PRIOR		AT WORK AT WORK							
			22a I certify that I taak cha	rge of the remains de	cribed above, held an	Autops	y , Inspection	In La Inquiry	and in my api	inion
	BE FO		death resulted from: No	tural causes	Accident .	uicide	Hamicide .	Undetermined manner		
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	PE TE	-	EXAMINER'S NAME		(/ 0					
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755	TO MEDICAL E EXECUTE THE C PAGE A SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OF	CREMATORY	23d. LOCATION -		TY STATE
26	900	1	Burial	20 May 198			t. Cemeter	y Arlington	. Virgin	
2	DP	24. F	UNERAL DIRECTOR	1100, 12,00	- Law mail 6			REC'D. BY REGISTRAR 256		
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		EASED NAME FIRST	WIDDIE	LAST	20. DATE KNOWN A MONTH	DAY YEAR 26 HOUR
LEASE CTOR. FILES. TREET,	CIA	LESLIE	L. TA	AYLOR	DEATH MATED 5	30 1980 12:58A
PLEAS ECTOR FILES HOUR STREE1	3. SE	4 RACE 5. DATE OF BIRTH	YEAR LAST GIPTHDAY) MONT	NDER 1 YR. IF UNDER 24 HRS.	2c. DATE MONTH PRONOUNCED	DAY YEAR 2d HOUR
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SERV.	FC	IGN COUNTRY)	MARR	HED NEVER MARRIED	9. BALTIMORE CITY OR COUN	
22wag/1		OR TOWN OF DEATH 11. NAME OF HOS	SPITAL, NURSING HOME, OR OTH	HER INSTITUTION 120. US		12b KIND OF BUSINESS
7/20/20/20		Clinton Southern	Maryland Hospit	cal Center Low	ve Pontiac	Car Salesman
# ANY E 2 AND 3 2 AND 3 3 RETAIN 5 SHOULD 1 FCORU	13a S	RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GATE 13b, COUNTY P.G.	13c City or town Upper Marlboro	13d. INSIDE CITY LIMITS? 13a. STE	REET ADDRESS 6523 Rosemont	St.
	14 F.	HER'S NAME	LAST	15. MOTHER'S MAIDEN NAM		LAST
RE, MD	d _	Sydney	Taylor	Edna		Taylor
FTER DI FTER DI FORM FORM ON OF	16a. \	AS DECEASED EVER IN U.S. ARMED FORCES? , NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	262-40-2111	17. INFORMANT	ADDRESS	
BALTIMORE, MD. URS AFTER DEATH B. GIVE PAGES 1. WITH FORM PM. PAGES 1 AND 2 DIVISION OF VITA	-	NO CAUSE OF DEATH (Seasons)	1511 50 7917	Josephine Ta	ayıor Sa	me as #13
		18. CAUSE OF DEATH (Enter only one cause per line PART I DEATH WAS CAUSED BY:	y her lendered	· Cardiolo	reals dues	BETWEEN ONSET AND DEATH
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ED WITH PENCIL CAMINE ALTRAN AENTAL R REMO		cause (a) stating the <u>under-</u> lying cause last.	AS A CONSEQUENCE OF			
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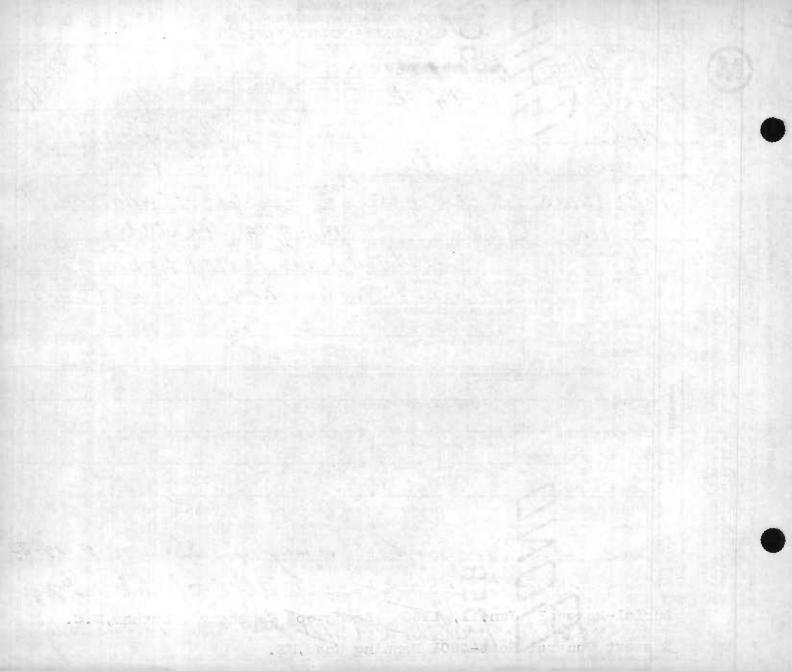
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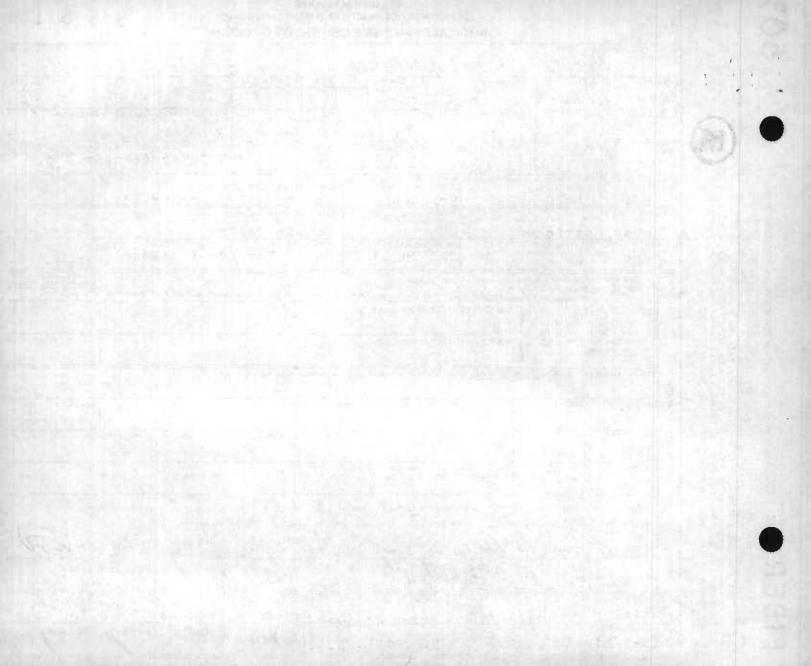
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10 15				STATE OF MARYLAND	1 1 0
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, H	ST ST		22a Leartify that I took chara	e of the remains described above, held on Autopsy 🔲, Inspection 🖳 Inquiry 🔲, and in my apir	nion
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BP.			10 - 17	Jun 24 1980 Beechwood Cemetery Durham,	No. Co.
DH	-IMH - 17		UNERAL DIRECTO	W LORES CHAN I DO DE BY RISOUR	The Charles
IVRA	115 ME (5))	S	tewart Munera	I Home-4001 Benning Road, NE.	
15	M 7/76		77		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME O. DATE KNOWN (TYPE OR PRINT) B . coTa DEATH MATED 6 AGE (IN YEARS IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS. DATE 20. LAST BIRTHDAY PRONOLINCED 4-20-23 DEAD 6. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED W. Va. USA INAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION NOT IN SUCH PACILITY, GIVE STREET ADDRESS) Bank Supervisor USUAL RESIDENCE IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3705 Upshur St. PG NO [Md. Brentwood 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Thomas Barrickman Fannie Wegman 7 INFORMANT **ADDRESS** IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. Same as None 212 20 1324 Damon Varnado (Husband) Above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line far, (a), (b), and (c).) PART I DEATH WAS CAUSED BY rately artery selente carded 1/65 ent IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF I YES NO T 710 EXTERNAL CAUSE WAS 11b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. 21f. LOCATION 71d INJURY OCCURRED STREET STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK 22a I certify that I took charge of the remains a cribed above, held an Autopyy Inspection and in my opinion Undetermined manner death resulted fram: Natural causes ACTUAL 230 BURIAL, CREMATION, REMOVAL Buria1 Cemetery Huttonsville, Va. 5/12/80 Brick Church 24. FUNERAL DIRECTOR **DHMH-17** Hines/Rinaldi F.H. 118 00 N.H. AVE. S.S.MD. (VR A15 ME (5)) 15M 7/76



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Printer Committee of the Committee of th

(VRA 15, 4) 1/79 6633 Old Alexander Ferry Road Clinton Md.

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO REGISTRAR 20. DATE KNOWN DECEASED NAME MIDDLE (TYPE OR PRINT) Herrietta W. Warren 30, 80 DEATH MATED 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 3. SEX DATE YEAR LAST BIRTHDAY) PRONOUNCED female black 1980 6 25 42 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Prince George County Wash, WIDOWED _ DIVORCED FILED, V 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Prince George General Hosp. FOR MOST OF WORKING LIFE) Cheverly 96 RETAIN USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Marlow Hgts. 130. STREET ADDRESS 2424 Olson St 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY Maryland PG YES 🗍 NO [Marlow Hets VITAL 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME PM PM MIDDLE LAST MIDDLE LAST Rosebud Harrington ION OF ADDRESS Marlow Hgts, Md 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Curtis W. Warren 2424 Olson St DIVISI APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Diabetes with complications IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) MEDIC CERTIFICATION 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES XX NO BURIAL 3 SHOULD BE DEPARTMENT 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 2 MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN STATE COUNTY NOT WHILE AT WORK Autopsy XX 22a. I certify that I took charge above, held on Inspection Inquiry and in my opinion Homicide Undetermined monner death resulted from Voturol couses TITLE (SPECIFY) ACTUAL DeputyChief 5/31/80 TO FUNERAL L AFTER DEATH, BALTIMORE, MA SIGNATURE EXAMINER'S NAME Thomas B. Smith, M.D. 111 Penn Street Ralto (TYPE OR PRINT) ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION REMOVAL 23b. DATE STATE Burial Suitland. Lincoln Memorial 6-7-80 Maryland 24. FUNERAL DIRECTOR **DHMH-17** VR A15 ME (5) Johnson & Jenkins Inc 716 Kennedy Street, 30M 7/73

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ADDRESS Pomonkey. Md.

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FOR

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DHMH-16 50M 7/77

(VRA 15(4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEND

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東	3. SE	A. RACE	5. DATE OF BIRTH MONTH DAY YEAR 16. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE MONTH	DAY YEAR 24 HOUR
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-	16a V	VAS DECEASED EVER IN U.S. ARA	NED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
1	(Y	ES, NO, OR UNKNOWN) (IF YES, GIVE	VAR OR DATES)	
		No	578-10-0842	
		18. CAUSE OF DEATH (Enter and	y ane couse per ling far (g), (b), and (c).)	APPROXIMATE INTERVAL
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لعد		UNDERLYING OR	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART	2)
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	MEDICAL	214 INJURY OCCURRED	210. PLACE OF INJURY (AT HOME, 21f. LOCATION	
	ME	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUN	TY STATE
		WHILE NOT WHILE AT WORK		
		The second second		
		226. I certify that I taak charge	e of the remains described above, held an Autopsy L., Inspection L., Inquiry L.T., and in my opin	ion
		death resulted fram: Notur	al causes . Accident ., Suicide ., Hamicide . Undetermined manner .	
		1	TITLE (SPECIFY)	
		ACTUAL ASSIS	Deputy DATE	5-13-80
-	1	SIGNATURE DESTRE	M.D. DEPUTY MEDICAL EXAMINER SIGNED	7-10 00
- Cal	-	ENAMEDICAL STATE		
100		TYPE OR PRINT) ALLEUST	o P. Rodriguez M.D. ADDRESS 5009 Rayburn Ct., Camp Spi	cings. Md.
-	22 5			
	230.B	URIAL, CREMATION, REMOVAL 2	CITY OR TOWN COUNT	STATE
		Removal	5/14/80	
	24. FI	UNERAL DIRECTOR	25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SK	NATURE
	7	NAME POOR	ADDRESS MAIN TO THE TOTAL TO THE TOTAL TOT	
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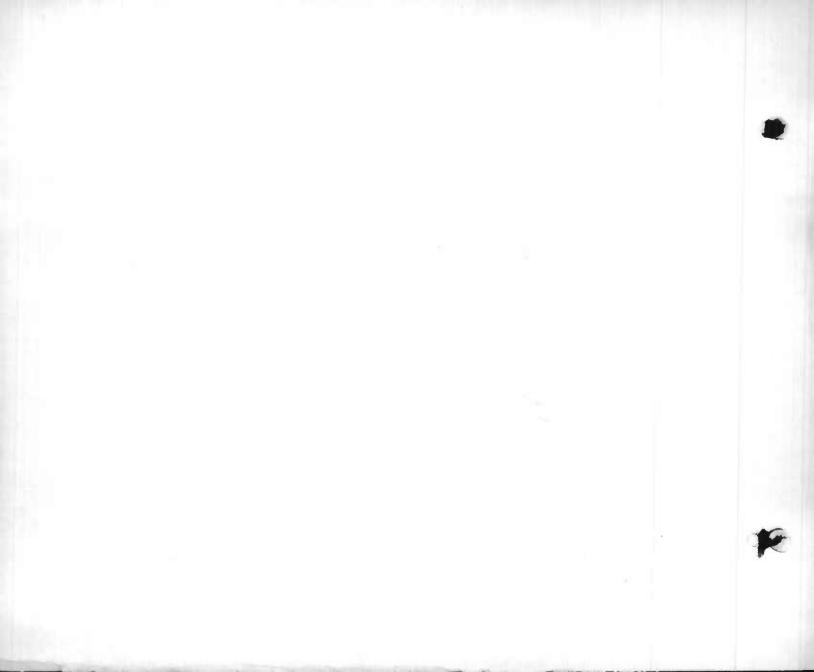
Stewart/Funeral Home-4001 Benning Road NE.

(VRA 15, 4) 1/79

STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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TIMORE If the exe Pages 1 L. the m		VAS DECEASED EVER IN U.S. A res, no or unknown) (IF yes, gr YES	VE WAR OR DATES)	577-05-1		Eliza	RL.	2, Box Hutchinso	1547H n, Da	ughter	orf, Md.	
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DINA ATTENDIA hospital or attendia hospital or attendia hed for use as the health a fill them 21 is manufactured.		WHILE AT WORK AT WORK 220 certify that () (this hosy saw the deceased alive a obave. () (we) (did) (did of the color)	5/2	-19_	VO . on	d that in (my)	, 19	death occurred on the	date and hav	19 70, or and from the		
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D T Sets O T With Miles	23e.	BURIAL, CREMATION, REMOVA SPECIFY! Burial	23b. DATE 5-31-			METERY OR	CREMATORY	23d LOCATION CITY OR TOWN Suitlan	d, P.	G., MC	STATE	
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		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	REG. NO.
e ucen es		EASED NAME FIRST	M MODIE Whiteing CO DEATH	NOWN PMONTH DAY YEAR 12 HOUR ESTI-MATED 5-22 19 80 M
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ORM N OF		VAS DECEASED EVER IN U.S. ARME	D FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS CLINTON, MD
MITH FOR PAGES	{YI	NO (IF YES, GIVE WA	578 22 1588 BARRARA BISHOP	11400 ACCOLADE CT.
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j		PART I DEATH WAS CAUSED B	Y: Alexander to Condinute auto	A SEASON DE BETWEEN ONSET AND DEATH
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809	ME	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOW	N COUNTY STATE
20 33 37		22a. I certify that I took charge	of the remains described abave, held an Autopsy . Inspection . Inquiry	ond in my opinion
CTO AND	19	death resulted fram: Natural	causes . Accident . Suicide . Hamicide . Undetermined ma	nner ,
CERTII ULD B DIREC WITH		1	TITLE (SPECIFY)	
m O = I 3		ACTUAL SIGNATURE OXCUST	To P. Loliques M.D. Deputy MEDICAL EXAM	INFR SIGNED 3-23-80
UNERAL R DEATH, IMORE, M				
5 × 5 0	10	(TYPE OR PRINT) AUGUST	P. Rodriguez M.D. ADDRESS 5009 Rayburn C	t., Camp Springs, Md.
AFTE BALT	23a.B	URIAL CREMATION REMOVAL 23b		
	1.1	BURIAT.	5-28-80 HARMONY PARK LANDO	VER COUNTY MDGATE
	24. F	UNERAL DIRECTOR	WASH. D. C. 250. DATE REC'D: BY REGISTRAL	R 25b. REGISTRAR'S SIGNATURE
(R A15 ME (5))	1	AMES T. SUTTON	5635-EADS St. N.E. MAY 2 7 1980	history han 1
5M 7/76	-	11.7 / / / / / / / /	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	

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		OR PRINTI		ise \	S. DATE O	Hey	6. AGE	(IN YEARS LAST BIRTHDAY)	8, 10 FUNI	DER 1 YEAR	26 HOUR 3
O Copie	70 BI	RIHPLACE ISTATE OR FOREIGN UNITY) O THE CAYO TY OR TOWN OF DEATH AND AM	in Wis		WIDOWE	NEVER MARRIED	9. BALT	MORE CITY OR CO	9-007		BUSINESS
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100	()	Pascal (AS DECEASED EVER IN U ES, NO OR UNKNOWN) (O •	J.S. ARMED FORCES? YES, GIVE WAR OR DATES]	Willia 166 SOCIAL SECT 212-74	URITY NO.	Sarah 17 INFORMANT 3 James R.		1571: ley Laur	3 Bor	Dowe nd Mi	111 H 2081
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morked or Item 18 sho	MEDICAL CERT	21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF ETHER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this	E OF DEATH AMINER) P./ 21e. PLACE ((AT HOME, STR)	M. MONTH D A. DE INJURY EET, FACTORY, OFFICE,		211. LOCATION STREET	-	R NATURE OF INJURY IN ITE	M 18, PART 1 0	DUNTY	STAT
IMPORTANT: If Item 21 is r		sow the deceased of	live on wiew the lody	19	XO . on	d that in (my) (our) op EGREE ATTENDIN PHYSICIA 22e ADDRESS	inion death acc	urred on the dote on	d hour and	, ,,,	
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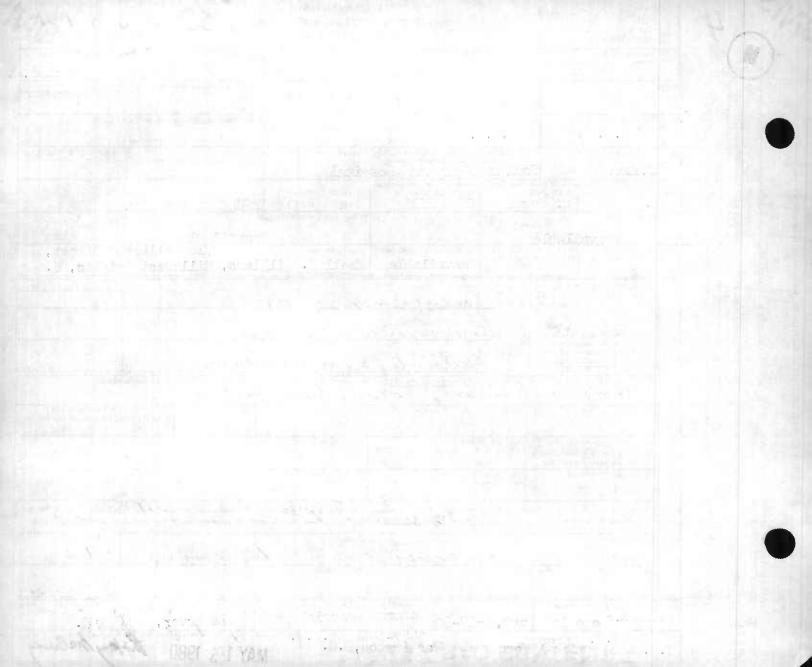
Washington, D.C.

Home

W.H.Bacon Funeral

(VRA 15, 4) 1/79

STATE OF MARYLAND



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Burial 6-2-80 Lorrain Cemetery Woodlawn Beall Euneral Home 16,000 Annapolis Rd. Bowie, Md.

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